IDENTIFICATION FORM FOR EMPLOYEES												
Parish / Office :												
First Name												
Family Name												
Full name at birth												
Address :												
Postal code:												
Phone		Home :		Mobile :			Work :					
E-mail :					•	1						
Position												
OBTAINED DIPLOMAS or CERTIFICATES												
From	То	Tiltle	Tiltle				Institution					
PROFESSIONAL EXPERIENCE												
From	From To		Job title					Employer				
Formulate y	our motivati	ions for the	position :									

PROFESSIONAL REFERENCES											
References 1											
Last Name											
First Name											
Address:											
Postal Code :											
Telephone	Home:		Mobile:		Work:						
E-mail:											
Relationship to applicant :											
References 2											
Last Name											
First Name											
Address:											
Phone	Home:		Mobile:		Work:						
Code Postal:											
E-mail:											
Relationship to applicant :											
References 3											
Last Name											
First Name											
Address:											
Postal Code:											
Phone	Home:		Mobile:		Work:						
E-mail:											
Relationship to applicant :											
I recognize that I am not guaranteed any position											
I authorize The Archdiocese of Montreal to verify my references I have provided as well as carrying out a criminal background check. I am aware that all information gathered will be kept confidential.											
Date			Sig	gnature							