

APPLICATION FOR CERTIFICATE OF ACCEPTANCE FOR TEMPORARY WORK

Reserved for Administration

Individual Reference No: _____
File No: _____

GENERAL INFORMATION

1. Family name at birth: _____
First name(s) (*Underline usual first name.*): _____
Other names that you have used or under which you have been known, including married name: _____
2. Sex: F M
3. Date of birth: _____ Place of birth: _____

	City	Province / State	Country						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">Year</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> </tr> </table>				Year	Month	Day			
Year	Month	Day							
4. Nationality: _____
5. Current civil status: Single Married De facto spouse Divorced Separated Widowed
6. Language spoken: French English Other(s) *Specify:* _____
7. Language of correspondence: French English
8. Residential address: _____

	No.	Street	City	Province / State	Country	Postal code
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9. Correspondence address: _____
(if different from 8)

	No.	Street	City	Province / State	Country	Postal code
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10. Telephone: _____ Fax: _____
11. E-mail: _____
12. Family members who are or will be accompanying you to Québec (your spouse or de facto spouse and your dependent children).
For each person, specify:

Family name at birth	First name	Date of birth Year / Month / Day

INFORMATION ON EMPLOYMENT OFFERED IN QUÉBEC

13. Name of employer in Québec (Trade name or name of the Corporation): _____
Address of employer in Québec: _____

	No.	Street	City	Province / State	Postal code
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14. Employment offered (*Attach a copy of the employer's job offer letter.*):
Job title: _____
Principal duties (*tasks or responsibilities*): _____

Salary offered: weekly: CAN \$ _____ or Yearly: CAN \$ _____
15. Anticipated term of employment offered:
From _____ To _____

Year	Month	Day	Year

INFORMATION ON TEMPORARY WORKER'S TRAINING

16a) Number of years of primary and secondary studies successfully completed: 10 years or less 11 years or more

16b) Training related to employment offered in Québec:

From Year / Month	To Year / Month	Name of institution	Diploma obtained

INFORMATION ON TEMPORARY WORKER'S EXPERIENCE

17. Work experience related to employment offered in Québec (*Attach copy of curriculum vitae.*)

From Year / Month	To Year / Month	Name and address of employer	Position

PAYMENT OF PROCESSING FEE

18. Certified cheque Bank draft (*Draft convertible into cash by a Canadian bank.*)

Cash (*Canadian or U.S. currency only.*)

Only for applications submitted to a department office in Québec:

Credit card (*Complete the form "Payment by credit card".*)

19. Contact information for person in Québec who is paying the applicable fee on your behalf (*if different from employer in item 13*):

Name: _____ Telephone: _____

Address: _____

The file processing fee must be paid when the application is filed or the file will be returned.

PROTECTION OF PERSONAL INFORMATION

The personal information appearing on this form is required for processing your application for a « Certificat d'acceptation du Québec (CAQ) pour travail temporaire » (Québec Acceptance Certificate) for temporary work and the application of the *Act respecting immigration to Québec*, the *Regulation respecting the selection of foreign nationals* and their administrative regulations. This information may also be used by the Minister responsible for the application of the *Act respecting immigration to Québec* for the purpose of studies, statistics or program evaluation or to convey to you any information likely to have an impact on the conditions of your temporary stay in Québec, or to notify you of the possibility of making an application for permanent immigration.

Access to this information is reserved exclusively for those authorized under the provisions of the *Act respecting access to documents held by public bodies and the protection of personal information* (R.S.Q., c. A-2.1). You may be informed of any information concerning you held by the Minister and, where appropriate, request in writing that it be corrected. For more information, please contact the office processing your application.

Personal information is confidential and may not be disclosed without your consent. However, the Minister may **without your consent**:

- convey personal information to Canadian immigration authorities and Québec public bodies when necessary for the application of a law in Québec;
- be authorized to convey personal information to these bodies if it is necessary for the exercise of their responsibilities or the implementation of a program they manage.

DECLARATION

I understand that the ministère des Relations avec les citoyens et de l'Immigration may revoke a certificate of acceptance and declare it null and void if it has been granted on the basis of false or misleading information, erroneously, or if the requisite conditions for the issuance of the certificate of acceptance cease to exist.

I hereby declare that the information contained in this application is accurate and that I acknowledge that I have been informed that the ministère des Relations avec les citoyens et de l'Immigration may verify directly or by the means of an intermediate, the veracity of the information contained herein with a third party, and that should I convey any information that I know or should have known to be false or misleading with respect to an application for a certificate of acceptance to the Ministre or an investigator, I will be guilty of an offence.

And I have signed at _____ this _____ day of _____ 20 _____

City

Signature

OPTIONAL AUTHORIZATION TO EMPLOYER

Important notice to temporary worker: You may choose to sign the following authorization to the employer or you may decline to do so. It is an optional consent and refusing to sign it will have no impact on the processing of your application.

I grant my future employer the power to represent me in dealings with the ministère des Relations avec les citoyens et de l'Immigration insofar as this involves doing any act or thing necessary for the issuance of my Certificat d'acceptation du Québec (CAQ). Unless revoked in writing, this authorization shall remain in effect as long as this application for certificate of acceptance is being processed.

And I have signed at _____ this _____ day of _____ 20 _____

City

Signature