

# PRE-EMPLOYMENT CONSENT

Assent for obtaining additional information on a candidate for the purpose of an employment.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

PROVINCE

POSTAL CODE

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Social insurance number: \_\_\_\_\_  
FACULTATIVE

Driver's permit number : \_\_\_\_\_  
IF YOU NEED TO DRIVE A VEHICLE TO PERFORM YOUR WORK

## Employment reference

Name of superior	Company	Telephone (required)
1.		
2.		
3.		

I hereby authorize the company \_\_\_\_\_  
or a firm mandated by it, to verify the veracity of the information I have provided and to carry out any investigation necessary for my hiring.

These verifications may be made by telephone, fax or Internet from employers indicated on this form, from judicial information resources, educational institutions, personal information officers and credit companies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send to:



- TELEPHONE (450) 692-0595
- FAX (450) 692-2601 TOLL FREE 1 (866) 692-2601
- EMAIL: [info@verificationexelle.com](mailto:info@verificationexelle.com)

### PRIVACY NOTICE

THIS DOCUMENT CONTAINS PRIVILEGED INFORMATION OF A CONFIDENTIAL NATURE. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY ADVISED THAT IT IS STRICTLY PROHIBITED TO BROADCAST OR REPRODUCE THIS DOCUMENT. IF YOU HAVE RECEIVED THIS MESSAGE BY MISTAKE, PLEASE NOTIFY US IMMEDIATELY BY PHONE AT (450) 692-0595. THANK YOU FOR YOUR COOPERATION.