

## JUDICIAL RECORD DECLARATION FORM

*Integrated Health and Social Services University Network for West-Central Montreal requires that its employees, volunteers and trainee disclose, at the time of their hiring and at any time thereafter during their employment with the Integrated Health and Social Services University Network for West-Central Montreal:*

- *Any conviction for a criminal or penal offence committed in Canada or abroad, except if a pardon has been granted for such offence;*
- *Any court order, still in force, issued against them in Canada or abroad; and*
- *Any still outstanding charge before a court, for a criminal or penal offence committed in Canada or abroad.*

*Hence, any employee, volunteer or trainee, and any applicant for such positions, is required to complete this Declaration Form. For the purposes of the review of their file by the Integrated Health and Social Services University Network for West-Central Montreal, the person completing a declaration may enclose any document they deem relevant (indictment, judgment, record of proceedings or memorandum of adjudication, undertaking, order, their written observations, etc.)*

## NOTICE

- *Any false or deceitful declaration in connection with the judicial record of a person may result in administrative or disciplinary action including, without limitation, refusing to hire that person or terminating their employment.*
- *Any Judicial Record Declaration Form that is incomplete, unsigned or not returned to the Human Resources Directorate within 72 hours of its transmission may result in administrative or disciplinary action including, without limitation, refusing to hire the person concerned or terminating their employment.*

**SECTION 1**

**PERSONAL INFORMATION** (Please note: you must print the exact spelling of all the surnames and first names you use or have used in the past)

<b>SURNAME(S)</b> (If you use or have used more than one surname, please include each of these names, starting with the most recent)					
<b>FIRST NAME(S)</b> (If you use or have used several first names, please include each of these names, starting with the most common)					
<b>DATE OF BIRTH</b>		<b>SEXE</b>		<b>TELEPHONE NO.</b>	
YEAR	MONTH	DAY	<input type="checkbox"/> Male		
			<input type="checkbox"/> Female		
<b>CURRENT ADDRESS</b>					<b>APT. NO.</b>
<b>CITY</b>			<b>PROVINCE</b>	<b>POSTAL CODE</b>	
<b>PREVIOUS ADDRESS</b> (If you have been living less than 5 years at your current address)					<b>APT. NO.</b>
<b>CITY</b>			<b>PROVINCE</b>	<b>POSTAL CODE</b>	

**SECTION 2**

**CONVICTION FOR A CRIMINAL OR PENAL OFFENCE** (Please note : you do not have to declare any offence in respect of which you were officially granted a pardon)

☐ I have never been determined by a court to be guilty of any criminal or penal offence in Canada or abroad

OR

☐ I have been determined by a court to be guilty, in Canada or abroad, of the following criminal or penal offence(s):

<i>Nature and date of offence</i>	<i>Date of conviction (year/month /day)</i>			<i>Place of offence and, as required, of court</i>

SECTION 3

**CHARGES STILL OUTSTANDING FOR A CRIMINAL OR PENAL OFFENCE**

- ☐ *There are no outstanding charges against me before any court for any criminal or penal offence in Canada or abroad.*

OR

- ☐ *One or more charges against me are still outstanding before a court, in Canada or abroad, for the following criminal or penal offence(s):*

<i>Nature of offense</i>	<i>Date of offence (year/month/day)</i>			<i>Place of offence and, as required, of court</i>

SECTION 4

**COURT ORDERS**

- ☐ *I am not subject to any court orders that are in force and were issued in Canada or abroad.*

OR

- ☐ *I am subject to one or more court orders that are in force and were issued in Canada or abroad, namely:*

<i>Nature of order</i>	<i>Date of order (year/month /day)</i>			<i>Place of order</i>

*By my signature, I certify that all information provided in this declaration is accurate and complete. I undertake to declare any change in connection with the information provided in this form within 10 days of the occurrence of same. I authorize the Integrated Health and Social Services University Network for West-Central Montreal to verify, or to cause a third party (including, without limitation, a police force) to verify, my judicial record, in other words all information that has, or should have been, declared in this form.*

<b>SIGNATURE</b>	DATE		
	Year	Month	Day