

First Name:		Last Name	::
Phone number:	Cell phone numb	er:	Social Insurance number (optional):
Email:		Order Men	nbership Number:
	of the Cree Board of Health	and Social Other:	Services of James Bay?
Website	creehealth.org	Utner:	
Career Fair	Dlease specify:		Date:
Career Fair Friend/Family	Please specify: Does this person work for		Date: worked for us in the past?
Career FairFriend/FamilySocial Media		r us or has v	Date:worked for us in the past?kedIn
Friend/Family	Does this person work fo	r us or has v	worked for us in the past?
Friend/FamilySocial Media	Does this person work for Pacebook Twitte	r us or has v	worked for us in the past?
Friend/FamilySocial MediaMagazine	Does this person work for Please specify:	r us or has v	worked for us in the past?
Friend/FamilySocial MediaMagazineNewspaper	Does this person work for Please specify:	r us or has v	worked for us in the past?
Friend/FamilySocial MediaMagazineNewspaperYellowpagesOther	Does this person work for Please specify: Please specify:	r us or has v	worked for us in the past?
Friend/Family Social Media Magazine Newspaper Yellowpages Other How did you send us	Does this person work for Please specify: Please specify: Please specify: Please specify:	r us or has ver Link	worked for us in the past?
Friend/Family Social Media Magazine Newspaper Yellowpages Other How did you send us Email	Does this person work for Pacebook Twitted Please specify: Please specify: Please specify: Please specify: In person	r us or has v	worked for us in the past?
Friend/Family Social Media Magazine Newspaper Yellowpages Other How did you send us Email	Does this person work for Please specify: Please specify: Please specify: Please specify:	r us or has ver Link	worked for us in the past?



REQUEST FOR REFERENCES

Name:	Position applying for:
ignature:	Date:
	your three (3) current/previous supervisors as well as their phone lress and the position you held.
Employer:	
Supervisor:	
Phone #:	Email:
Position held:	
Employer:	
Supervisor:	
	Email:
Phone #:	
Position held:	
Phone #: Position held: Employer: Supervisor:	
Position held:	Email:

CREEHEALTH.ORG 2 CBHSSJB_INFORMATIONFORM_HR_2022-08



DECLARATION CONCERNING A JUDICIAL RECORD

Section 1 - Personal Information First Name: Last Name: Sex: Middle Name: Date of Birth: (DD-MM-YYYY) Male Female No gender Current Address: (number, street, apt) City: P.O. Box: Province: **Postal Code: Phone Number:** Previous Address: (number, street, apt) if you have been at your current address for less than 5 years City: Province: P.O. Box: **Postal Code: Phone Number:** Please chech the appropriate boxes in each of the following sections. Section 2 - Conviction(s) A / CRIMINAL OFFENCE(S) I have not been convicted of a criminal offence in Canada or elsewhere or if I have been convicted of a criminal offence, I have obtained a pardon. I have been convicted, in Canada or elsewhere, of the following criminal offence(s): Location of court Offence Date



B/PENAL OFFENCE(S)

0	I have not been convicted of a penal offence in Canada or elsewhere or, if I have been
	convicted of a penal offence, I have obtained a pardon.

I have been convicted	in Canada or	olcowhoro	of the following	nonal offenco(c)
 I Have been convicted	, iii Cariaua Oi	CISCVVIICIC,	, or trie rollowing	Deliai Olielice(2)

Offence	Date	Location of offence and, where applicable, of court

Section 3 - Charge(s) still pending

A / CRIMINAL OFFENCE(S)

- O I am not subject to any pending charges for a criminal offence in Canada or elsewhere.
- I am subject to one or more pending charges, in Canada or elsewhere, for the following criminal offence(s):

Offence	Date	Location of court

B / PENAL OFFENCE(S)

- O I am not subject to any pending charges for a penal offence in Canada or elsewhere.
- I am subject to one or more pending charges, in Canada or elsewhere, for the following penal offence(s):

Offence	Date	Location of offence and, where applicable, of court



Section 4 - Court Order(s)			
O I am not subject to any court order made against me in Canada or elsewhere.			
O I am subject to the following court order made against me in Canada or elsewhere:			
Order	Date	Place of Order	
Section 5 - Additionnal Notes You can use this section if you need more s	pace to provide all the in	formation requested.	
NOTE			
→ All persons working or coming into regular coming elders and abused women) must, within 10 dinform the CBHSSJB of this change, regardle cerning his or her judicial record.	days of being notified of a cha	ange in his or her judicial record,	
→ The CBHSSJB may verify this declaration or h communicate or receive any information for			

O I certify that all the information provided in this declaration form is accurate and complete.

have a bearing on the person's dutied will be considered.

→ A false declaration may lead to the rejection of an application or to administrative or disciplinary measures.

→ The full judicial record must be declared. However, only the offences that, in the opinion of the CBHSSJB,

Signature:	Date: