JOB GUARANTEE / LETTER OF COMMITMENT

You must indicate which document you ar	re completing (Check only one box)	
Job Guarantee By selecting this checkbox, you con 150 hours over a period of at most t	firm that you have hired the person identified in s hree (3) consecutive months.	section 1 below, for a duration of at least
1. IDENTIFICATION OF PERSON		
Last Name	First Name	
Birth date (YYYY-MM-DD)	CCQ client no. or social ins	urance no.
Trade or occupation		
2. EMPLOYER		
Company name (corporate name)		
CCQ employer number (6 or 8 digits)	Name of person signing (bl	ock letters)
3. SIGNATURE		
The person signing declares that he or sl	he has all of the authorization required to sign the	present document.
Requester's signature	Position in the company	Date (YYYY-MM-DD)
Please print this template letter on company letterhead.		

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