JOB GUARANTEE

IMPORTANT By completing this form, you guarantee the person identified in section 1 below a job for a duration of 150 hours spread over a period of at most three consecutive months.

All fields must be filled in.

1. IDENTIFICATION OF THE PERSON CONCERNED

Last Name	First Name
Birth date (YYYY-MM-DD)	CCQ client no. or social insurance no.
Trade or occupation	

2. EMPLOYER INFORMATION

Company name (corporate name)	
CCQ employer number (6 or 8 digits)	Name of person signing (block letters)

3. SIGNATURE BY THE COMPANY

The person signing declares that he or she has all of the authorizations required to sign the present document.

Requester's signature	Position in the company	Date (YYYY-MM-DD)

Please print this document on company letterhead.

Print