

**EMPLOYER**

LEGAL COMPANY NAME			
COMPANY ADDRESS N°	STREET	CITY	POSTAL CODE
NAME OF THE PERSON RESPONSIBLE FOR RECRUITING			
COMPANY TELEPHONE NUMBER		COMPANY FAX NUMBER	
EMAIL ADDRESS OF THE PERSON RESPONSIBLE FOR RECRUITING			

**EMPLOYEE (For more than one employee, please use Appendix 1. Employers may use the same form for several workers if they hold the same type of job.)**

FAMILY NAME		GIVEN NAME		DATE OF BIRTH YEAR MONTH DAY		
OTHER NAMES USED						SEX F <input type="checkbox"/> M <input type="checkbox"/>
ADDRESS OUTSIDE CANADA N°	STREET				APT.	
CITY		POSTAL CODE	COUNTRY			
MAILING ADDRESS IN QUÉBEC N°	STREET	APT.	CITY		POSTAL CODE	
RESIDENCE TELEPHONE OUTSIDE CANADA			TELEPHONE AT MAILING ADDRESS IN QUÉBEC			
EMAIL ADDRESS						

**PLACE OF WORK IN QUÉBEC (place where the work will be done, if different from the employer's address)**

ADDRESS N°	STREET	APT.	CITY	POSTAL CODE
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**THE PARTIES AGREE AS FOLLOWS:**

**CONTRACT TERM**

1. This contract shall have a term of \_\_\_\_\_ months starting from the date on which the EMPLOYEE assumes his duties.

**WORK PERMIT**

2. Both parties acknowledge that this employment contract is subject to the EMPLOYEE obtaining a valid work permit under the Immigration and Refugee Protection Act and its regulations, and his or her entry into Canada under the Agricultural Stream or the Stream for Lower-skilled Occupations (Temporary Foreign Work Program).

<sup>1</sup> This employment contract complies with the requirements of work-related legislation in Québec, the Regulation respecting the selection of foreign nationals, the Immigration and Refugee Protection Regulations, and administrative rules arising from them.

**JOB DESCRIPTION**

3. Title of the job offered:

- |  |  |
|--|--|
| <input type="checkbox"/> Farm worker – nurseries and Christmas trees       | <input type="checkbox"/> Sheep farm worker     |
| <input type="checkbox"/> Dairy farm worker                                 | <input type="checkbox"/> Landscaping           |
| <input type="checkbox"/> Duck farm worker                                  | <input type="checkbox"/> Dairy farm labourer   |
| <input type="checkbox"/> Farm labourer - truck farm and greenhouse         | <input type="checkbox"/> Poultry farm labourer |
| <input type="checkbox"/> Labourer in Food, Beverage and Tobacco Processing | <input type="checkbox"/> Maple sugar worker    |
| <input type="checkbox"/> Beef cattle farm worker                           | <input type="checkbox"/> Chicken catcher       |
| <input type="checkbox"/> Beekeeping labourer                               | <input type="checkbox"/> Laundry personnel     |
| <input type="checkbox"/> Beef cattle farm labourer                         |  |

 Other (specify): \_\_\_\_\_

Describe the duties and tasks of the job:

**DESCRIPTION OF LODGING**4. a) For occupations in the *Lower-skilled Occupations* Stream:

- 
- The EMPLOYER agrees to help the EMPLOYEE find affordable and suitable accommodation.
- 
- Or

- 
- The EMPLOYER shall provide or arrange the provision of accommodation for the EMPLOYEE. The EMPLOYER is authorized to deduct the amount stipulated in Section 6 of the
- Regulation respecting labour standards*
- .

b) For occupations in the Agricultural Stream:

- 
- The EMPLOYER agrees to provide the EMPLOYEE with suitable accommodation on the site of his farm operation and may deduct a maximum amount of \$30 a week (amount pro-rated for partial weeks) from the EMPLOYEE's salary, as provided by the rules governing the Agricultural Stream.
- 
- Or

- 
- The EMPLOYER agrees to provide the EMPLOYEE with suitable accommodation off the site of his farm operation and may deduct a maximum of \$30 a week (amount pro-rated for partial weeks) from the EMPLOYEE's salary as provided by the rules governing the Agricultural Stream

5. If the EMPLOYEE accepts the lodging offered by the employer, describe its features:

**SALARY AND WORK SCHEDULE**

Note : All employees must be paid their usual salary plus 50 % (time and a half) after more than 40 hours per week, except for farm workers, employees at a fishing or fish processing/canning establishment and employees assigned to the canning, packaging and freezing of fruits and vegetables during the harvest. The latter must be paid their usual salary without increase after 40 hours per week.

Furthermore, for all additional clarifications regarding employees working, for example, at a piecework rate, we invite you to visit the Commission des normes du travail's website at [www.cnt.gouv.qc.ca/en](http://www.cnt.gouv.qc.ca/en). You can call the Commission des normes du travail at the following number: 1-800-265-1414.

6. The EMPLOYER agrees to pay the EMPLOYEE, for his work, an hourly rate of \$ \_\_\_\_\_ per hour, to be paid at \_\_\_\_\_ intervals.

7. The EMPLOYEE works \_\_\_\_\_ hours per week. In applicable cases, after 40 hours per week, he receives his salary plus 50% for every hour worked, except if he is a farm worker, an employee at a fishing or fish processing/canning establishment or an employee assigned to the canning, packaging and freezing of fruits and vegetables during the harvest.

The workday begins at \_\_\_\_\_ and ends at \_\_\_\_\_. If the work schedule varies from day to day, please specify:

8. The EMPLOYEE shall be entitled to \_\_\_\_\_ day(s) off per week, on \_\_\_\_\_.

9. The EMPLOYEE shall be entitled to \_\_\_\_\_ week(s) of paid vacation a year.

10. The EMPLOYER agrees to remit all payroll deductions and taxes payable as prescribed by law (employment insurance, income tax, etc.).

11. The EMPLOYER agrees to review and adjust (if necessary) the EMPLOYEE's salary after 12 months of employment to ensure that the EMPLOYEE continues to receive the pay rate in effect for his occupational category and in his region.

**OTHER CONDITIONS**

Note : After a period of five consecutive hours, the employee is entitled to a 30-minute meal break (unpaid). This break must be paid if the EMPLOYEE is not authorized to leave his work.

12. The EMPLOYER shall grant the EMPLOYEE a rest period of at least 32 consecutive hours each week.

13. The EMPLOYEE shall be entitled to a minimum compensation of 4% of salary as vacation pay.

14. The EMPLOYER agrees to give each EMPLOYEE a wage slip reporting his earnings and deductions.

15. The EMPLOYER agrees to grant the following fringe benefits to the EMPLOYEE.

If yes, check

• Coffee break  Specify : \_\_\_\_\_ • Insurance premiums  Specify : \_\_\_\_\_

• Sick leave  Specify : \_\_\_\_\_ • Pension fund  Specify : \_\_\_\_\_

• Other  Specify : \_\_\_\_\_

16. In addition, the EMPLOYER agrees to pay all recruiting costs related to the recruitment of the EMPLOYEE<sup>1</sup>.

**TRANSPORTATION EXPENSES**

17. If the EMPLOYEE resides outside Canada, the EMPLOYER agrees to pay the transportation costs of the employee's round trip travel between his country of residence \_\_\_\_\_ (enter the country name) and his place of work in Québec \_\_\_\_\_ (enter the city name). The EMPLOYER is required to pay the EMPLOYEE's travel expenses and he is not allowed to transfer this responsibility to the EMPLOYEE (e.g., the EMPLOYEE must not pay the travel expenses himself and be reimbursed later by the EMPLOYER). In no case is the EMPLOYER permitted to recoup the travel expenses from the EMPLOYEE.

OR

If the EMPLOYEE is already in Canada, the EMPLOYER must pay the travel expenses enabling the EMPLOYEE to travel from his place of residence in Canada \_\_\_\_\_ (enter the city name) to the place of work of the EMPLOYER in Québec, located in \_\_\_\_\_ (enter the city name). The EMPLOYER must also pay for one-way travel to the EMPLOYEE's country of permanent residence \_\_\_\_\_ (enter the country name). The EMPLOYER is required to pay the EMPLOYEE's travel expenses and he is not allowed to transfer this responsibility to the EMPLOYEE (e.g., the EMPLOYEE must not pay the travel expenses himself and be reimbursed later by the EMPLOYER). In no case is the EMPLOYER permitted to recoup the travel expenses from the EMPLOYEE.

18. In the event of a job termination, if the EMPLOYEE is hired by a new employer who has obtained a neutral or positive Labour Market Opinion, then the EMPLOYEE will release the initial EMPLOYER from his responsibility for paying for return travel to his country of permanent residence. The new employer will be responsible for paying for the EMPLOYEE's travel to the new work place in Canada and to his country of permanent residence.

Note : If the employee changes jobs, he must contact Citizenship and Immigration Canada to have his work permit amended. The new employer must obtain a positive or neutral Labour Market Opinion issued jointly by Service Canada and the Ministère de l'Immigration et des Communautés culturelles. The EMPLOYEE must also obtain a new Québec acceptance certificate (Certificat d'acceptation du Québec), issued by the Ministère de l'Immigration et des Communautés culturelles.

**HEALTH CARE INSURANCE**

19. The EMPLOYER agrees to provide, at no cost to the employee, health care insurance coverage equivalent to that of the Régie de l'assurance maladie du Québec (RAMQ) plan, until such time as the employee becomes eligible for RAMQ benefits.

20. The EMPLOYER must not make any deduction from the EMPLOYEE's wages for this purpose.

**WORKPLACE ACCIDENT INSURANCE (WORKER'S COMPENSATION)**

21. The EMPLOYER agrees to register the EMPLOYEE with the Commission de la santé et de la sécurité au travail du Québec.

22. The EMPLOYER agrees to make the contributions required for the EMPLOYEE to benefit from the protection granted by the Act respecting industrial accidents and occupational diseases, to the extent that it is provided.

**NOTICE OF RESIGNATION**

23. An EMPLOYEE who wishes to terminate this contract agrees to give the employer written notice at least one week in advance and to inform the Ministère de l'Immigration et des Communautés culturelles.

**NOTICE OF TERMINATION OF EMPLOYMENT**

24. The EMPLOYER must give written notice before terminating the contract of an EMPLOYEE who has completed three months of uninterrupted service with the EMPLOYER and whose employment contract is not about to expire. This notice must be given one week in advance if the EMPLOYEE has completed less than one year of uninterrupted service and two weeks in advance if he has completed from one to five years of uninterrupted service.

<sup>1</sup> The provisions fall under the administrative requirements of the federal government.

**The EMPLOYER is obliged to abide by the standards set out in the Act respecting labor standards. The EMPLOYER must, in particular, abide by the standards that apply to how wages are paid and overtime is calculated, the meal periods, statutory holidays, annual vacation leave, family leave, compensation and recourse under this Act. Any terms of this employment contract that are less favourable than the standards stipulated in this Act are null and void.**

The personal information collected on this form is necessary for processing your application for a certificate of acceptance for temporary work and the application of the Act respecting immigration to Québec, the Regulation respecting the selection of foreign nationals and their regulations. This information may also be used by the Minister responsible for the application of the Act respecting immigration to Québec for the purpose of studies, statistics or program evaluation or to convey to you any information likely to have an impact on the conditions of your immigration to Québec.

Access to this information is strictly restricted to persons authorized under the provisions of the Act respecting access to documents held by public bodies and the protection of personal information (R.S.Q., c. A-2.1). You may be informed of any information concerning you held by the Minister and, where appropriate, request in writing that it be corrected. For more information, please contact the office that is processing your application.

Personal information is confidential and may not be disclosed without your consent. However, the Minister may, **without your consent**:

- communicate personal information to Canadian immigration authorities and Québec public bodies when necessary for the application of a law in Québec;
- be allowed to communicate personal information to these bodies if it is necessary for the exercise of their responsibilities or the implementation of a program that they manage.

IN WITNESS WHEREOF, the parties, having read and accepted all terms and conditions set forth in this contract, have duly signed in \_\_\_\_\_ copies (complete depending on the number of signatories) as follows:

Signed at: \_\_\_\_\_

EMPLOYER

DATE 

YEAR	MONTH	DAY
------	-------	-----

Signed at: \_\_\_\_\_

and at: \_\_\_\_\_

EMPLOYEE N° 1

DATE 

YEAR	MONTH	DAY
------	-------	-----

EMPLOYEE N° 2 (if any)

DATE 

YEAR	MONTH	DAY
------	-------	-----

Signed at: \_\_\_\_\_

and at: \_\_\_\_\_

EMPLOYEE N° 3 (if any)

DATE 

YEAR	MONTH	DAY
------	-------	-----

EMPLOYEE N° 4 (if any)

DATE 

YEAR	MONTH	DAY
------	-------	-----

Signed at: \_\_\_\_\_

and at: \_\_\_\_\_

EMPLOYEE N° 5 (if any)

DATE 

YEAR	MONTH	DAY
------	-------	-----

EMPLOYEE N° 6 (if any)

DATE 

YEAR	MONTH	DAY
------	-------	-----

Signed at: \_\_\_\_\_

and at: \_\_\_\_\_

EMPLOYEE N° 7 (if any)

DATE 

YEAR	MONTH	DAY
------	-------	-----

EMPLOYEE N° 8 (if any)

DATE 

YEAR	MONTH	DAY
------	-------	-----

Signed at: \_\_\_\_\_

and at: \_\_\_\_\_

EMPLOYEE N° 9 (if any)

DATE 

YEAR	MONTH	DAY
------	-------	-----

EMPLOYEE N° 10 (if any)

DATE 

YEAR	MONTH	DAY
------	-------	-----

Signed at: \_\_\_\_\_

and at: \_\_\_\_\_

EMPLOYEE N° 11 (if any)

DATE 

YEAR	MONTH	DAY
------	-------	-----

EMPLOYEE N° 12 (if any)

DATE 

YEAR	MONTH	DAY
------	-------	-----

Signed at: \_\_\_\_\_

and at: \_\_\_\_\_

EMPLOYEE N° 13 (if any)

DATE 

YEAR	MONTH	DAY
------	-------	-----

EMPLOYEE N° 14 (if any)

DATE 

YEAR	MONTH	DAY
------	-------	-----

Signed at: \_\_\_\_\_

and at: \_\_\_\_\_

EMPLOYEE N° 15 (if any)

DATE 

YEAR	MONTH	DAY
------	-------	-----

EMPLOYEE N° 16 (if any)

DATE 

YEAR	MONTH	DAY
------	-------	-----

Signed at: \_\_\_\_\_

and at: \_\_\_\_\_

EMPLOYEE N° 17 (if any)

DATE 

YEAR	MONTH	DAY
------	-------	-----

EMPLOYEE N° 18 (if any)

DATE 

YEAR	MONTH	DAY
------	-------	-----

Signed at: \_\_\_\_\_

and at: \_\_\_\_\_

EMPLOYEE N° 19 (if any)

DATE 

YEAR	MONTH	DAY
------	-------	-----

EMPLOYEE N° 20 (if any)

DATE 

YEAR	MONTH	DAY
------	-------	-----

## Appendix 1–List of employees (if more than one)

<b>EMPLOYEE – N° 2 (IF ANY)</b>					
FAMILY NAME	GIVEN NAME	DATE OF BIRTH	YEAR	MONTH	DAY
OTHER NAMES USED					SEX F <input type="checkbox"/> M <input type="checkbox"/>
ADDRESS OUTSIDE CANADA N°	STREET	APT.			
CITY	POSTAL CODE	COUNTRY			
MAILING ADDRESS IN QUÉBEC IF DIFFERENT FROM THE EMPLOYER'S ADDRESS					
N°	STREET	APT.	CITY	POSTAL CODE	
RESIDENCE TELEPHONE OUTSIDE CANADA			TELEPHONE AT MAILING ADDRESS IN QUÉBEC		
EMAIL ADDRESS					

<b>EMPLOYEE – N° 3 (IF ANY)</b>					
FAMILY NAME	GIVEN NAME	DATE OF BIRTH	YEAR	MONTH	DAY
OTHER NAMES USED					SEX F <input type="checkbox"/> M <input type="checkbox"/>
ADDRESS OUTSIDE CANADA N°	STREET	APT.			
CITY	POSTAL CODE	COUNTRY			
MAILING ADDRESS IN QUÉBEC IF DIFFERENT FROM THE EMPLOYER'S ADDRESS					
N°	STREET	APT.	CITY	POSTAL CODE	
RESIDENCE TELEPHONE OUTSIDE CANADA			TELEPHONE AT MAILING ADDRESS IN QUÉBEC		
EMAIL ADDRESS					

<b>EMPLOYEE – N° 4 (IF ANY)</b>					
FAMILY NAME	GIVEN NAME	DATE OF BIRTH	YEAR	MONTH	DAY
OTHER NAMES USED					SEX F <input type="checkbox"/> M <input type="checkbox"/>
ADDRESS OUTSIDE CANADA N°	STREET	APT.			
CITY	POSTAL CODE	COUNTRY			
MAILING ADDRESS IN QUÉBEC IF DIFFERENT FROM THE EMPLOYER'S ADDRESS					
N°	STREET	APT.	CITY	POSTAL CODE	
RESIDENCE TELEPHONE OUTSIDE CANADA			TELEPHONE AT MAILING ADDRESS IN QUÉBEC		
EMAIL ADDRESS					

<b>EMPLOYEE – N° 5 (IF ANY)</b>					
FAMILY NAME	GIVEN NAME	DATE OF BIRTH	YEAR	MONTH	DAY
OTHER NAMES USED					SEX F <input type="checkbox"/> M <input type="checkbox"/>
ADDRESS OUTSIDE CANADA N°	STREET	APT.			
CITY	POSTAL CODE	COUNTRY			
MAILING ADDRESS IN QUÉBEC IF DIFFERENT FROM THE EMPLOYER'S ADDRESS					
N°	STREET	APT.	CITY	POSTAL CODE	
RESIDENCE TELEPHONE OUTSIDE CANADA			TELEPHONE AT MAILING ADDRESS IN QUÉBEC		
EMAIL ADDRESS					

**EMPLOYEE – N° 6 (IF ANY)**

FAMILY NAME		GIVEN NAME		DATE OF BIRTH	
				YEAR	MONTH DAY
OTHER NAMES USED					SEX
					F <input type="checkbox"/> M <input type="checkbox"/>
ADDRESS OUTSIDE CANADA		STREET		APT.	
N°					
CITY		POSTAL CODE	COUNTRY		
MAILING ADDRESS IN QUÉBEC IF DIFFERENT FROM THE EMPLOYER'S ADDRESS					
N°		STREET		APT.	CITY
					POSTAL CODE
RESIDENCE TELEPHONE OUTSIDE CANADA			TELEPHONE AT MAILING ADDRESS IN QUÉBEC		
EMAIL ADDRESS					

**EMPLOYEE – N° 7 (IF ANY)**

FAMILY NAME		GIVEN NAME		DATE OF BIRTH	
				YEAR	MONTH DAY
OTHER NAMES USED					SEX
					F <input type="checkbox"/> M <input type="checkbox"/>
ADDRESS OUTSIDE CANADA		STREET		APT.	
N°					
CITY		POSTAL CODE	COUNTRY		
MAILING ADDRESS IN QUÉBEC IF DIFFERENT FROM THE EMPLOYER'S ADDRESS					
N°		STREET		APT.	CITY
					POSTAL CODE
RESIDENCE TELEPHONE OUTSIDE CANADA			TELEPHONE AT MAILING ADDRESS IN QUÉBEC		
EMAIL ADDRESS					

**EMPLOYEE – N° 8 (IF ANY)**

FAMILY NAME		GIVEN NAME		DATE OF BIRTH	
				YEAR	MONTH DAY
OTHER NAMES USED					SEX
					F <input type="checkbox"/> M <input type="checkbox"/>
ADDRESS OUTSIDE CANADA		STREET		APT.	
N°					
CITY		POSTAL CODE	COUNTRY		
MAILING ADDRESS IN QUÉBEC IF DIFFERENT FROM THE EMPLOYER'S ADDRESS					
N°		STREET		APT.	CITY
					POSTAL CODE
RESIDENCE TELEPHONE OUTSIDE CANADA			TELEPHONE AT MAILING ADDRESS IN QUÉBEC		
EMAIL ADDRESS					

**EMPLOYEE – N° 9 (IF ANY)**

FAMILY NAME		GIVEN NAME		DATE OF BIRTH	
				YEAR	MONTH DAY
OTHER NAMES USED					SEX
					F <input type="checkbox"/> M <input type="checkbox"/>
ADDRESS OUTSIDE CANADA		STREET		APT.	
N°					
CITY		POSTAL CODE	COUNTRY		
MAILING ADDRESS IN QUÉBEC IF DIFFERENT FROM THE EMPLOYER'S ADDRESS					
N°		STREET		APT.	CITY
					POSTAL CODE
RESIDENCE TELEPHONE OUTSIDE CANADA			TELEPHONE AT MAILING ADDRESS IN QUÉBEC		
EMAIL ADDRESS					

**EMPLOYEE – N° 10 (IF ANY)**

FAMILY NAME		GIVEN NAME		DATE OF BIRTH	
				YEAR	MONTH DAY
OTHER NAMES USED					SEX F <input type="checkbox"/> M <input type="checkbox"/>
ADDRESS OUTSIDE CANADA N°		STREET		APT.	
CITY		POSTAL CODE	COUNTRY		
MAILING ADDRESS IN QUÉBEC IF DIFFERENT FROM THE EMPLOYER'S ADDRESS N°					POSTAL CODE
STREET					APT. CITY
RESIDENCE TELEPHONE OUTSIDE CANADA			TELEPHONE AT MAILING ADDRESS IN QUÉBEC		
EMAIL ADDRESS					

**EMPLOYEE – N° 11 (IF ANY)**

FAMILY NAME		GIVEN NAME		DATE OF BIRTH	
				YEAR	MONTH DAY
OTHER NAMES USED					SEX F <input type="checkbox"/> M <input type="checkbox"/>
ADDRESS OUTSIDE CANADA N°		STREET		APT.	
CITY		POSTAL CODE	COUNTRY		
MAILING ADDRESS IN QUÉBEC IF DIFFERENT FROM THE EMPLOYER'S ADDRESS N°					POSTAL CODE
STREET					APT. CITY
RESIDENCE TELEPHONE OUTSIDE CANADA			TELEPHONE AT MAILING ADDRESS IN QUÉBEC		
EMAIL ADDRESS					

**EMPLOYEE – N° 12 (IF ANY)**

FAMILY NAME		GIVEN NAME		DATE OF BIRTH	
				YEAR	MONTH DAY
OTHER NAMES USED					SEX F <input type="checkbox"/> M <input type="checkbox"/>
ADDRESS OUTSIDE CANADA N°		STREET		APT.	
CITY		POSTAL CODE	COUNTRY		
MAILING ADDRESS IN QUÉBEC IF DIFFERENT FROM THE EMPLOYER'S ADDRESS N°					POSTAL CODE
STREET					APT. CITY
RESIDENCE TELEPHONE OUTSIDE CANADA			TELEPHONE AT MAILING ADDRESS IN QUÉBEC		
EMAIL ADDRESS					

**EMPLOYEE – N° 13 (IF ANY)**

FAMILY NAME		GIVEN NAME		DATE OF BIRTH	
				YEAR	MONTH DAY
OTHER NAMES USED					SEX F <input type="checkbox"/> M <input type="checkbox"/>
ADDRESS OUTSIDE CANADA N°		STREET		APT.	
CITY		POSTAL CODE	COUNTRY		
MAILING ADDRESS IN QUÉBEC IF DIFFERENT FROM THE EMPLOYER'S ADDRESS N°					POSTAL CODE
STREET					APT. CITY
RESIDENCE TELEPHONE OUTSIDE CANADA			TELEPHONE AT MAILING ADDRESS IN QUÉBEC		
EMAIL ADDRESS					



**EMPLOYEE – N° 14 (IF ANY)**

FAMILY NAME		GIVEN NAME		DATE OF BIRTH	
				YEAR	MONTH DAY
OTHER NAMES USED					SEX
					F <input type="checkbox"/> M <input type="checkbox"/>
ADDRESS OUTSIDE CANADA		STREET		APT.	
N°					
CITY		POSTAL CODE	COUNTRY		
MAILING ADDRESS IN QUÉBEC IF DIFFERENT FROM THE EMPLOYER'S ADDRESS					
N°		STREET		APT.	CITY
					POSTAL CODE
RESIDENCE TELEPHONE OUTSIDE CANADA			TELEPHONE AT MAILING ADDRESS IN QUÉBEC		
EMAIL ADDRESS					

**EMPLOYEE – N° 15 (IF ANY)**

FAMILY NAME		GIVEN NAME		DATE OF BIRTH	
				YEAR	MONTH DAY
OTHER NAMES USED					SEX
					F <input type="checkbox"/> M <input type="checkbox"/>
ADDRESS OUTSIDE CANADA		STREET		APT.	
N°					
CITY		POSTAL CODE	COUNTRY		
MAILING ADDRESS IN QUÉBEC IF DIFFERENT FROM THE EMPLOYER'S ADDRESS					
N°		STREET		APT.	CITY
					POSTAL CODE
RESIDENCE TELEPHONE OUTSIDE CANADA			TELEPHONE AT MAILING ADDRESS IN QUÉBEC		
EMAIL ADDRESS					

**EMPLOYEE – N° 16 (IF ANY)**

FAMILY NAME		GIVEN NAME		DATE OF BIRTH	
				YEAR	MONTH DAY
OTHER NAMES USED					SEX
					F <input type="checkbox"/> M <input type="checkbox"/>
ADDRESS OUTSIDE CANADA		STREET		APT.	
N°					
CITY		POSTAL CODE	COUNTRY		
MAILING ADDRESS IN QUÉBEC IF DIFFERENT FROM THE EMPLOYER'S ADDRESS					
N°		STREET		APT.	CITY
					POSTAL CODE
RESIDENCE TELEPHONE OUTSIDE CANADA			TELEPHONE AT MAILING ADDRESS IN QUÉBEC		
EMAIL ADDRESS					

**EMPLOYEE – N° 17 (IF ANY)**

FAMILY NAME		GIVEN NAME		DATE OF BIRTH	
				YEAR	MONTH DAY
OTHER NAMES USED					SEX
					F <input type="checkbox"/> M <input type="checkbox"/>
ADDRESS OUTSIDE CANADA		STREET		APT.	
N°					
CITY		POSTAL CODE	COUNTRY		
MAILING ADDRESS IN QUÉBEC IF DIFFERENT FROM THE EMPLOYER'S ADDRESS					
N°		STREET		APT.	CITY
					POSTAL CODE
RESIDENCE TELEPHONE OUTSIDE CANADA			TELEPHONE AT MAILING ADDRESS IN QUÉBEC		
EMAIL ADDRESS					

**EMPLOYEE – N° 18 (IF ANY)**

FAMILY NAME		GIVEN NAME		DATE OF BIRTH	
				YEAR	MONTH DAY
OTHER NAMES USED					SEX
					F <input type="checkbox"/> M <input type="checkbox"/>
ADDRESS OUTSIDE CANADA		STREET		APT.	
N°					
CITY		POSTAL CODE	COUNTRY		
MAILING ADDRESS IN QUÉBEC IF DIFFERENT FROM THE EMPLOYER'S ADDRESS					
N°		STREET		APT.	CITY
					POSTAL CODE
RESIDENCE TELEPHONE OUTSIDE CANADA			TELEPHONE AT MAILING ADDRESS IN QUÉBEC		
EMAIL ADDRESS					

**EMPLOYEE – N° 19 (IF ANY)**

FAMILY NAME		GIVEN NAME		DATE OF BIRTH	
				YEAR	MONTH DAY
OTHER NAMES USED					SEX
					F <input type="checkbox"/> M <input type="checkbox"/>
ADDRESS OUTSIDE CANADA		STREET		APT.	
N°					
CITY		POSTAL CODE	COUNTRY		
MAILING ADDRESS IN QUÉBEC IF DIFFERENT FROM THE EMPLOYER'S ADDRESS					
N°		STREET		APT.	CITY
					POSTAL CODE
RESIDENCE TELEPHONE OUTSIDE CANADA			TELEPHONE AT MAILING ADDRESS IN QUÉBEC		
EMAIL ADDRESS					

**EMPLOYEE – N° 20 (IF ANY)**

FAMILY NAME		GIVEN NAME		DATE OF BIRTH	
				YEAR	MONTH DAY
OTHER NAMES USED					SEX
					F <input type="checkbox"/> M <input type="checkbox"/>
ADDRESS OUTSIDE CANADA		STREET		APT.	
N°					
CITY		POSTAL CODE	COUNTRY		
MAILING ADDRESS IN QUÉBEC IF DIFFERENT FROM THE EMPLOYER'S ADDRESS					
N°		STREET		APT.	CITY
					POSTAL CODE
RESIDENCE TELEPHONE OUTSIDE CANADA			TELEPHONE AT MAILING ADDRESS IN QUÉBEC		
EMAIL ADDRESS					