

## DECLARATION OF EMPLOYMENT STATUS

This form must be completed in order for your application to be considered.

Before completing it, please take note of the contents of the second page.

College: \_\_\_\_\_

Discipline: \_\_\_\_\_ Semester: \_\_\_\_\_

### APPLICANT'S IDENTIFICATION

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

### EMPLOYMENT STATUS

To be completed **after** answering the questions in the section on "Professional activities", if applicable.

After considering whether your "principal professional activity" meets the definition of a "full-time job" or whether your "professional activities" taken together represent the equivalent of a "full-time job", please check one or the other of the following statements:

- I am in a double employment situation
- I am **not** in a double employment situation

A false declaration regarding your employment status may lead to dismissal.

I authorize the College to proceed with any verifications it considers pertinent to establishing my employment status (this information will be treated confidentially).

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

A false declaration concerning your employment status may lead to dismissal.

**A person whose job situation, at the date of application, meets the following definitions, must declare him/herself to be in a situation of double employment in the section on “employment status”.**

**“Professional activity” means a paid activity performed:**

- for an employer; or
- as a professional; or
- in a business for oneself; or
- as a self-employed worker; or
- as a contractor; or
- in some other capacity.

**A professional activity is the “principal” one when it represents, for the person performing it, the most important of his/her professional activities at the time of application.**

A person is considered to have a “full-time job” when by performing his/her principal professional activity, or his/her various professional activities (principal and others) taken together, he/she:

- a) is doing paid work requiring an amount of working time corresponding to the number of hours per week or month worked by persons performing similar duties on a full-time basis, according to what is generally accepted in this line of work;
- b) has a full-time job and is on leave with pay;
- c) has a full-time job and is on availability with pay.

## PRINCIPAL PROFESSIONAL ACTIVITY

At the time of this application, do you expect to be performing a principal professional activity at the same time as your teaching duties?

No  **Go to section on "employment status".**

Yes  Answer the following questions:

Name of your employer: \_\_\_\_\_

Address of your employer: \_\_\_\_\_

Name of your superior or immediate superior: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Title and brief description of your duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Average number of hours per week: \_\_\_\_\_

## OTHER PROFESSIONAL ACTIVITIES

At the time of this application, do you expect to be performing other professional activities at the same time as your principal professional activity?

No  **Go to section on "employment status".**

Yes  Answer the following questions:

Name of your employer: \_\_\_\_\_

Address of your employer: \_\_\_\_\_

Name of your superior or immediate superior: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Title and brief description of your duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Average number of hours per week: \_\_\_\_\_

## OTHER PROFESSIONAL ACTIVITIES

Name of your employer: \_\_\_\_\_

Address of your employer: \_\_\_\_\_

Name or your superior or immediate superior: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Title and brief description of your duties: \_\_\_\_\_

\_\_\_\_\_

Average number of hours per week: \_\_\_\_\_

Name of your employer: \_\_\_\_\_

Address of your employer: \_\_\_\_\_

Name or your superior or immediate superior: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Title and brief description of your duties: \_\_\_\_\_

\_\_\_\_\_

Average number of hours per week: \_\_\_\_\_

Name of your employer: \_\_\_\_\_

Address of your employer: \_\_\_\_\_

Name or your superior or immediate superior: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Title and brief description of your duties: \_\_\_\_\_

\_\_\_\_\_

Average number of hours per week: \_\_\_\_\_