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| **SECTION 1 – À REMPLIR PAR L’UNITÉ ADMINISTRATIVE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Titre de l’emploi** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Agent de probation (AP)/Conseiller en milieu carcéral (CMC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Étudiant : | ASC | | | | | | | | AP/CMC | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Stagiaire : | ASC | | | | | | | | AP/CMC | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Employé à la DGSC (ex. : animateur de pastorale, agent de secrétariat, etc.) : | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
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|  | Employé externe ou visiteur (ex. : ouvrier, bénévole, infirmier contractuel, etc.) : | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
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|  | **Vérifications** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Vérifications faites par : | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Date des vérifications : | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | |  |
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|  | Décision : | | Embauche permise | | | | | | | | | | | | | | | | | | Embauche refusée | | | | | | | | | | | | |  |
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|  |  | | Entrée à l’établissement permise | | | | | | | | | | | | | | | | | | Entrée à l’établissement refusée | | | | | | | | | | | | |  |
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| **SECTION 2 – À REMPLIR PAR LE CANDIDAT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Partie A – Renseignements personnels** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Nom de famille : | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  |
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|  | Tous les prénoms figurant sur le certificat de naissance : | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
|  | (n’utilisez pas d’initiales et souligner le prénom usuel) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
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|  | Nom de famille à la naissance : | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Tout autre nom, prénom ou surnom : | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | |  |
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|  | Date de naissance : | | | | |  | | | | | | | | | |  | | | | | | | Sexe : | | | Masculin | | | | | | Féminin | |  |
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|  | Nom et prénom de la mère : | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Adresse du domicile | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | (numéro, rue, appartement) : | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | |  |
|  | (ville, province, code postal) : | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Depuis quand demeurez-vous à cette adresse? | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |  |
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|  | Numéros de téléphone : | | | | | | | |  | | | | | | | | | | |  | |  | | | | | | | |  |  | | |  |
|  |  | | | | | | | | Domicile | | | | | | | | | | |  | | Travail | | | | | | | |  | Autre | | |  |
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|  | Employeur : | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Motifs de la présence à l’établissement de détention : | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  |
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|  | **Durée de la visite** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Période indéterminée | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Visite unique : | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
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|  | Visite périodique : | | | | | | Du | | |  | | | | | | | | | au | | | |  | | | | | |  | | | | |  |
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|  | **Antécédents judiciaires** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Avez-vous déjà été déclaré coupable d’une infraction criminelle au Canada ou ailleurs ou faites-vous l’objet d’une poursuite à cet égard? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Si oui, précisez : | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Nom de la personne qui demande la présente vérification : | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  |
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| **Partie B – Consentement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Je, soussigné(e), consens par la présente à ce que la Direction générale des services correctionnels du ministère de la Sécurité publique recueille des renseignements sur mes antécédents judiciaires et correctionnels. Des vérifications seront faites au plumitif criminel et pénal ainsi qu’au système de gestion des dossiers administratifs correctionnels (DACOR). Ces renseignements seront utilisés aux seules fins de vérifications de sécurité exigé pour autoriser mon accès à des personnes, à des lieux ou à des renseignements sensibles. Je suis informé(e) que seules les personnes dûment autorisées à la Direction générale des services correctionnels ont accès à ces renseignements et que si cette vérification révèle des informations motivant la décision de me refuser l’entrée à l’établissement, je recevrai également ce résultat.  Je, soussigné(e), comprends que la vérification de mes antécédents judiciaires et correctionnels par la Direction générale des services correctionnels constitue une mesure préalable pour autoriser mon accès à des personnes, à des lieux ou à des renseignements sensibles. Aussi, je m’engage à informer la Direction générale des services correctionnels de toute condamnation relative à une loi en vigueur au Québec pendant l’exécution de mon contrat de travail, de mon stage ou de ma visite.  Le consentement est valable jusqu’à la fin de mon contrat de travail, de mon stage ou de ma visite. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Signature | | | | | | | | | | | | | | | | | | | | | | | |  | | | (aaaa-mm-jj) | | | | |  |  |
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| **Partie C – Déclaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Je, soussigné(e), déclare que tous les renseignements fournis dans la partie A du présent document sont exacts et complets. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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