

**Formulaire de consentement à la vérification des références**

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| No de poste : |  | **-** |  | **-** |  | Titre du poste : |  |
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| Veuillez fournir trois références récentes de personnes de qui vous releviez (p. ex. : gestionnaires ou superviseurs). | | | | | | | |

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| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **1** | Nom : |  | | Téléphone : ( | |  | ) |  | - |  | Poste |  | |  | | | | | | | | | | | | | Titre : |  | Organisation : | |  | | | | | | | | |  | | | | | | | | | | | | | Lien : |  | Nombre d’années que cette personne vous connaît: | | | | | | | | |  | |  |  | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **2** | Nom : |  | | Téléphone : ( | |  | ) |  | - |  | Poste |  | |  | | | | | | | | | | | | | Titre : |  | Organisation : | |  | | | | | | | | |  | | | | | | | | | | | | | Lien : |  | Nombre d’années que cette personne vous connaît: | | | | | | | | |  | |  |  | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **3** | Nom : |  | | Téléphone : ( | |  | ) |  | - |  | Poste |  | |  | | | | | | | | | | | | | Titre : |  | Organisation : | |  | | | | | | | | |  | | | | | | | | | | | | | Lien : |  | Nombre d’années que cette personne vous connaît: | | | | | | | | |  | |

Les renseignements personnels figurant sur ce formulaire sont recueillis en vertu des dispositions des articles 8 et 9 de la *Loi sur la SEFM* et de l’article 29 de la *Loi sur l’accès à l’information municipale et la protection de la vie privée*. En signant ci-dessous, je donne à la Société d'évaluation foncière des municipalités (SEFM) la permission de prendre contact avec les personnes susmentionnées pour obtenir des renseignements personnels et relatifs à mon emploi qui me concernent. Ces personnes sont autorisées à divulguer de tels renseignements à la SEFM et savent que la SEFM pourrait prendre contact avec elles. Je comprends que la SEFM recueillera et utilisera ces renseignements afin d’évaluer ma candidature à des fins d’emploi relatives au concours pour le poste susmentionné.

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| Inscrire le nom en caractères d'imprimerie : | |  | | | | | | | |
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|  |  | |  | | | | | |
| Signature : | Date : |  | / |  | / |  | |
|  |  | |  | MM |  | JJ |  | AAAA | |

Les questions relatives à la collecte de renseignements peuvent être adressées à la Département des Ressources Humaines de la SEFM, à l’adresse [careers@mpac.ca](mailto:careers@mpac.ca).