

# TECHNICIAN – REGISTRATION FORM

## INFORMATION

LAST NAME

FIRST NAME

DATE OF BIRTH MM/JJ/YYYY

NATIONALITY

COUNTRY OF RESIDENCE

MAIN FUNCTION

SPOKEN LANGUAGES

## ABILITY TO WORK IN CANADA

STATUS IN CANADA

VALID WORK PERMIT FOR CANADA

EXPIRY DATE OF THE CANADIAN WORK PERMIT

## DETAILS

PROFESSIONAL EMAIL

PERSONAL EMAIL

MOBILE #

OFFICE #

HOME #

*\*With the National Destination Code*

SKYPE ID

ADDRESS

## SKILLS SET

Please indicate your skills in terms of priority.

TYPE OF SKILL

DETAILS (if necessary)

1

2

3

4

5

6

7

8

## OTHER VIDEO LINKS

WEBSITE

FACEBOOK

Please attach a recent portrait and a full-body photo to your resume.