

EMPLOYMENT APPLICATION

This is a fill and print form only. It cannot be forwarded electronically.

Instructions:						OFFIC	CE USE ONL	Υ	
 Please complete all sections as thore complete information as this will be 	• •	•	ng a resume. It is	s necessa	ary to provide	DATE RECEIVED			
A separate application is required for location by the date indicated in the application.	· ·	n. Applications n	must be received	at the app	propriate closing				
Freedom of Information and Protect The personal information requested of administering the Public Service Act.	on this form is collected up All information provided to	o us will be cons	sidered as supplie	ed in confi	idence. Under				
certain circumstances (eg., staffing a of Information and Protection of Prive contact the Director, Staffing at (250)	acy Act. If you have any q	uestions about the	he collection and	use of thi					
POSITION INFORMATION									
COMPETITION NO. POSITION	N TITLE, MINISTRY AND LOC	CATION		CLOSING	LOCATION		COMPETITION YY	N CLOSIN	G DATE DD
FOR GENERAL APPLICATION	Full time	Part time TYPE	E(S) OF POSITION -	– please d	escribe		<u> </u>		
indicate () the type of	PERMANENT TEMPORARY								
PERSONAL INFORMATION									
LAST NAME	FIRST NAME		INITIALS		RESIDENCE TELEPH	IDENCE TELEPHONE NO.		Is your age at least 15 ye and less than 65 years?	
					BUSINESS TELEPHO	NE NO. – or message	YES		10
MAILING ADDRESS			CITY		P	ROVINCE	POSTAL COD	E	
LEGAL STATUS TO WORK IN CANADA – doc	• •		Do you have a			, what accommodat	ion would you	ı need?	
CANADIAN CITIZEN LANDED IN	MMIGRANT/ NT RESIDENT		disability that make require accomm		☐ YES				
WORK PERMIT OTHER - p	please specify:		in the work plac		Пио				
CURRENT EMPLOYMENT STAT	US								
Are you currently an employee in the P			Employee ID No.						
NO ☐ YES – and provide employed	OUNCIL AUXILIARY			of days/hours you expect to have the closing date of the competition START DATE NO. OF			•		
Are you willing to work anywhere in the Province? YY MM STARI DATI YM YY The position of the Province of						DD NO. OF DAYS/HOURS			
NO YES – list locations preferre									
EDUCATION AND TRAINING									
Please describe secondary, post secondachieved and specify the degrees, certif	icates or diplomas comple	eted. Official docu		e require	d. Attach a separat	e page if necessary	·		
NAME OF INSTITUTION OR ORGANIZATION	LOCATION	YEAR TAKEN		AREA OF	STUDY/COURSE	GRADE/CERT DIPLOMA/DEC		COMPL YES	NO
ASSOCIATIONS / DDOEESSION A	I AEEII IATIONS	1							

List any active memberships or registrations in a professional or career related organization or society.

WORK HISTORY									
Have you previously been employed in the	ne Public Service of British Columbia?	NO YES, in	dicate (ies) and dates:						
Beginning with your most RECENT expe the <i>major</i> duties and skills acquired/use additional pages if required.	rience, describe your work history. You d d as they relate to the position you are	may wish to include relev	ant volunteer po	ositions. In	the area	a for "Du us name	ties and , please	Skills" de specify. <i>F</i>	scribe Attach
EMPLOYER AND LOCATION				FROM			TO		
				YY	MM	DD	YY	MM	DD
SUPERVISOR - REFERENCE	SUPERVISOR'S TELEPHONE NO.	REASON FOR LEAVING							
POSITION HELD BY APPLICANT	JOB CLASSIFICATION – if applicable	SALARY		NO. O	F PEOPLE	SUPERV	ISED – if a	oplicable	
DUTIES AND SKILLS									
EMPLOYER AND LOCATION				FROM			TO		
				YY	MM	DD	YY	MM	DD
SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO.	REASON FOR LEAVING							
POSITION HELD BY APPLICANT	JOB CLASSIFICATION – if applicable		SALARY		NO. O	F PEOPLE	SUPERV	ISED - if a	oplicable
DUTIES AND SKILLS									
EMPLOYER AND LOCATION			FROM YY	ММ	DD	TO YY	ММ	DD	
SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO.	REASON FOR LEAVING							
POSITION HELD BY APPLICANT	JOB CLASSIFICATION – if applicable		SALARY		NO. O	F PEOPLE	SUPERV	ISED – if a	oplicable
DUTIES AND SKILLS									
EMPLOYER AND LOCATION				FROM YY	ММ	l DD	TO I YY	ı MM	ı DD
OUREDWOOD PETERS	OUDEDWICE DISTRICT	DE40011 500 : 511 m : 5			.41141			141141	
SUPERVISOR - REFERENCE	SUPERVISOR'S TELEPHONE NO.	REASON FOR LEAVING							
POSITION HELD BY APPLICANT	JOB CLASSIFICATION – if applicable		SALARY		NO. O	F PEOPLE	SUPERV	ISED - if a	oplicable
DUTIES AND SKILLS									

SKILLS/EXPERIENCE			
Check (/) areas of skills/experience	e that you have w	hich are relevant to	the position you are applying for and attach any appropriate documentation.
	NET SPEED	NO. OF MONTHS EXPERIENCE	LIST EQUIPMENT
TYPING			
DICTATING EQUIPMENT			
SHORTHAND			
WORD PROCESSING			
DATA ENTRY			
			LIST SOFTWARE
COMPUTER SYSTEM SOFTWARE			LIST HARDWARE
COMPUTER SYSTEM HARDWA	RE		
SKILLS/ACHIEVEMENTS			
Briefly summarize your knowledge and may use this space to enter other info	major skills/achie	evements which reladed like us to consider	te to the advertised position or if this is a general application, to the position(s) that interests you. You in reviewing your application.

SELF DECLARATION

The purpose of this section is to gather information that will allow us to analyze access to employment opportunities in the public service for women and men, including aboriginal people, persons with disabilities and visible minorities. The Government of British Columbia is committed to making the public service a fair and equitable place to work. Our goal is to ensure that all British Columbians have equal opportunity for employment and advancement based on their qualifications.

The completion of this section is voluntary. **We encourage you to respond to the four** "Self Disclosure" questions, so we can determine if the applicants who apply for positions in the public service reflect the diversity of the population of British Columbia. The information you provide will be used for statistical analysis and reports. It may also be used to screen applicants for positions that give preference or are limited to one or more of the employment equity groups. Limitations or preferences are only given when the employment equity group is under-represented overall in the ministry or public service, or under-represented at a particular occupational level.

Unless the position for which you are applying has a limitation or preference for employment equity group members, this section will be separated from your application prior to screening and forwarded to the ministry Employment Equity Advisor for analysis. Please ensure you have completed the ministry name and competition number in the space provided.

The *BC Human Rights Act* and the Charter of Rights and Freedoms permit employers to collect data required to plan and support special programs, such as employment equity. All provisions of the *BC Freedom of Information and Protection of Privacy Act* will apply.

If you have any questions concerning this section, please contact the Equity and Diversity Branch of the Public Service Employee Relations Commission: (250) 356-5182 (Phone) or (250) 387-8672 (Fax).

DRIVER'S LICENSE INFORMATION										
Provide the following information if applying for a position	ormation if applying for a position where driving is a requirement.				If required, do you have access to a vehicle for use on government business?					
List class(es) of valid driver's license.	List any restrictions/end definitions on license.	dorsement					NO			
valid driver 3 floorise.	definitions on flocinge.						<u> </u>			
REFERENCES										
Reference checks will be conducted to assess you	ur past work performar	nce and may include che	cks of attend	ance reco	rds.					
In addition to the references identified in the "World previous name, please specify.	k History" section, you	u may wish to provide fu	rther referenc	es. If any	references h	ave knov	wn you by a			
NAME	TELEPHONI	E NO.	RELATIONSHIF)		NO. OF	YEARS KNOW			
APPLICANT SIGNATURE										
Please read carefully before signing. This application	cation is not valid unle	ess signed by the applica	ant.							
 In accordance with the Standards of Conduct P information about direct relatives or persons wit 						to provi	de			
 Your signature on this application form is your or past work performance will be obtained from your be notified prior to contact with your current em 	ur current and previou									
 I certify that the information provided in this apparent application or attachments/resume is found to be the successful applicant. 										
The state of the s						DATE	SIGNED			
X						YY	MM DD			
MINISTRY NAME				COMPETIT	ION NO.					
Self Disclosure Question No. 1		Self Disclosure Ques	tion No. 3	•						
For the purpose of this section, a person with a someone who has a persistent physical, mental, learning or sensory impairment and as a result: and serious barriers to employment; or believes employer would likely consider them to be disadi	psychiatric, experiences specific that a potential	A visible minority person as identified in regardless of place of	Question No.							
requires work-related accommodation. Disabilitie discernible and require no work-related accommincluded in this definition of persons with disability	s that are not odation are not ties.	Examples are: Chinese Indian, Pakistani, Sri L Indonesian, Laotian, Vi Egyptian, Iranian, Leba	ankan), South etnamese), A anese, Moroco	n-East Asia rab/West can), Black	an (e.g., Can Asian (e.g., k (e.g., Africa	nbodian, Armeniai In, Haitia	n, n, West			
Do you consider yourself to be a person with	a disability?	Indian, Jamaican, Som Mexico, Peru, Columbi		erican (e.ç	g., Indigenou	s people	s from			
		Visible minority also in one of the above group		ividual with	n a parent wl	no is a m	nember of			
Self Disclosure Question No. 2 Aboriginal people are persons who, in Canada, in	dentify themselves	Are you a visible min	ority?	YES	s NO					
to be Status Indian, Non-Status Indian, Inuit or N	Metis.	Self Disclosure Que	estion No. 4							
Do you consider yourself to be an aboriginal	•	Please indicate you			ALE F	EMALE				
YES NO If YES, please skip proceed to Question		. Isass Maisats you	. 30.1.2011	L 'V'/	· ['	,,,,,				