NAME	LAST	FIRST	MIDDLE						
ADDRESS									
	NUMBER	STREET	P.O. BOX						
	CITY/TOWN	PROVINCE	POSTAL CODE						
TELEPHONE	<u> </u>								
		HOME	WORK						
COMPETITION NO.									
POSITION DESIRED									
		ed in any correspondence	:						
Mr. Ms.	Other								

Name one person, not residing with you, we can contact if we are unable to contact you.

Name

Phone Number

APPLICATION FOR EMPLOYMENT PEI PUBLIC SERVICE COMMISSION AN EQUAL OPPORTUNITY EMPLOYER

TO ASSIST IN THE PROPER ASSESSMENT OF YOUR QUALIFICATIONS, PLEASE COMPLETE ALL SECTIONS IN DETAIL (EVEN IF SUBMITTING A RESUME). PLEASE TYPE OR PRINT CLEARLY.

SUBMIT A SEPARATE APPLICATION FOR EACH COMPETITION TO:

> PEI PUBLIC SERVICE COMMISSION 105 ROCHFORD STREET P.O. BOX 2000 CHARLOTTETOWN, P.E.I. C1A 7N8

Tel 902 368 4080 Fax 902 368 4383 http://www.gov.pe.ca/jobs

Have you previously submitted an application to the Province of PEI or to one of the Regional Health Authorities? Yes No

If you are applying for a specific competition, how did you become aware of it? _

Your voluntary response to the questions below will assist us in determining whether the Public Service of PEI is becoming a more representative workforce. This information may also be used to determine eligibility for employment equity programs and services. Please note that a person may be a member of more than one designated employment equity group.

Are you:

A Person with a disability?

An Aboriginal Person of Canada

A member of a Visible Minority Group_

(Please state)

Location Preferences:

First Choice:

Second Choice:

ARE YOU AVAILABLE FOR CASUAL/TEMPORARY WORK AS WELL AS PERMANENT EMPLOYMENT? Yes No

PLEASE SUMMARIZE BELOW YOUR EDUCATION AND EMPLOYMENT BACKGROUND. (SHADED AREAS ARE FOR COMMISSION USE ONLY.)

EDUCATION								
HIGHEST GRADE CON	MPLETED	IN SCHC	OOL: G	RADE	E			
NAME OF SCHOOL						LOC	ATION	
UNIVERSITY						Ċ		
Degree	Deg Rece Yes		DA FRC YR			D O MO	MAJOR	INSTITUTION

APF	APPLIED ARTS, TECHNICAL, TRADE, BUSINESS OR OTHER													
PRO	E OF GRAM ✔) DIPL.	CERT. RECEI YES	IVED FROM TO				0		COURSE INSTITUTION					
LIST	LIST ANY ADDITIONAL RELATED TRAINING COURSES													
COURSE TITLE				SCHOOL NAME				URSE DA nth/Day/Y						

LANGUAGES: English: Speak Read Write French: Speak Read Write

LICENSES & CERTIFICATIONS

Please list any licenses and/or certifications you currently hold (R.N., Heavy Equipment Operator, CPR, Driver's License, etc.)											
License/Certification	Date Issued	License #	Issued by	Expiration Date							

MEMBERSHIPS

Are you a member of an organization (school, community, voluntary) which you would like us to know about? You may exclude anything of a religious, political or ethnic nature if you wish.									
Organization	Position(s) Held (if any)	Membership Date							

ADDITIONAL INFORMATION

Are you legally entitled to work in Canada?	Yes	No	
Do you have the use of a car?	Yes	No	
Typing	Yes	No	Words per Minute
Computer Software	Yes	No	Please specify

EMPLOYMENT HISTORY: (Present or Most Recent Position First)

Please Note: This section must be completed in detail, even if submitting a resume. If your duties or responsibilities changed substantially with the same employer, record each change as a separate position. If there is not sufficient space on this application attach extra sheets as required. **NOTE: You may be required to present proof of your credentials at the time of interview.**

Employer (Present / Most Recent)		Period From	Μ	D	Y	То	Μ	D	Y	
Immediate Supervisor	Phone	Annual Salary								
City	May Be Approached for A Reference Yes No									
Reason for Leaving										
Job Title and Description of Duties:										
Employer		Period From	Μ	D	Y	То	Μ	D	Y	
Immediate Supervisor	Phone	Annual	Sala	ry						
City	Province									
Reason for Leaving										
Job Title and Description of Duties:										
Employer		Period From	Μ	D	Y	То	М	D	Y	
Immediate Supervisor	Phone	Annual	Sala	n (
	FILLE	Annuar	Jaia	ı y						
City	Province									
Reason for Leaving										
Job Title and Description of Duties:										

SUPPLEMENTARY INFORMATION:

This space is for your convenience in furnishing additional infomation which you would like to bring to our attention and which you think would particularly qualify you for this position.

ACTIVITIES:

You may wish to use this space to provide information on Hobbies or other Special Interests.

DECLARATION:

All the information provided in this Application is true and complete to the best of my knowledge.

I understand that any person who makes a false statement of any material fact or who omits to state a material fact in an Application shall not be eligible for appointment or shall, if appointed to a position, be liable to dismissal.

I authorize the PEI Public Service Commission to contact any person or persons to obtain information pertaining to my suitability for employment unless otherwise noted in this application.

Signature of Applicant

Date

PSC - August 1999