



Public Service Commission

Application for Employment with the PEI Public Service

An Equal Opportunity Employer

gov.pe.ca/jobs

PLEASE COMPLETE THIS BOX.

Name: _____
 Last First Middle

Address: _____
 Number Street PO Box

City/Town Province Postal Code

Telephone: _____
 Home Cell Work

Posting ID # (if applicable): _____

Position Desired: _____

Employee # (if applicable): _____

Union (if applicable): _____

Email Address: _____

Preferred Language of Communication: English French

To assist in the proper assessment of your qualifications, please complete all sections in detail (even if you are submitting a resumé). Please type or print clearly.

Name one person, not residing with you, we can contact if we're unable to contact you:

Name _____

Phone _____

Location Preferences: _____
 First Choice Second Choice

Are you available for casual/temporary work: Yes No

Do you have the use of a reliable vehicle: Yes No

Do you have a valid driver's licence: Yes No

How are you legally entitled to work in Canada?

Canadian Citizen Permanent Resident Temporary Work Permit Expiry Date: _____

Can you type: Yes No If so, how many words per minute: _____

Can you use software packages: Yes No If so, name the software packages. _____

Freedom of Information and Protection of Privacy Act

Personal information on this form is collected under Section 31(c) of the **Freedom of Information and Protection of Privacy Act** R.S.P.E.I. 1998, c.-F15.01 as it relates directly to and is necessary for staffing positions and will be used for that purpose. Under certain circumstances (e.g., staffing grievances, HR complaints) some information may be released subject to the provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about this collection of personal information, you may contact the Director of Staffing, Classification and Organizational Development, PEI Public Service Commission, PO Box 2000, Charlottetown, PE, C1A 7N8 Tel: (902) 368-4080.

A Fair and Equitable Workplace

The Government of Prince Edward Island is committed to making the public service a fair, inclusive and equitable place to work and representative of the population it serves. Your voluntary response to the questions below will assist us in determining whether the PEI Public Service is becoming a more representative workforce. This information may also be used to determine eligibility for Diversity and Equity programs and services. Please note that a person may be a member of more than one designated group. For further information, please refer to the Workforce Diversity Policy at www.princeedwardisland.ca/en/topic/diversity

Are you a person living with a disability? Yes No

Do you require special assistance? Yes No If yes, please specify: _____

Are you an Aboriginal Person of Canada? Yes No

Are you a member of a Visible Minority Group? Yes No If yes, please specify: _____

Education

Highest Level of Education Completed:

Degree/Diploma/Certificate (please specify) <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate	Educational Institution
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Major	Minor
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Dates Attended

From: _____ To: _____ Graduated: Yes No In Progress

Degree/Diploma/Certificate (please specify) <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate	Educational Institution
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Major	Minor
-------	-------

Dates Attended

From: _____ To: _____ Graduated: Yes No In Progress

Degree/Diploma/Certificate (please specify) <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate	Educational Institution
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Major	Minor
-------	-------

Dates Attended

From: _____ To: _____ Graduated: Yes No In Progress

Degree/Diploma/Certificate (please specify) <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate	Educational Institution
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Major	Minor
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Dates Attended

From: _____ To: _____ Graduated: Yes No In Progress

Training Courses

Course	Education Provider	Start Date	End Date	In Progress

Languages

English: Speak Read Write

French: Speak Read Write

Other: Speak Read Write Please specify _____

Licenses and Certifications

License/Certification	Issued By	Expiration Date	Licence Number

Employment History (Present or Most Recent Position First)

Please note: This section must be completed in detail, even if submitting a resumé. If your duties changed substantially with the same employer, record each change as a separate position. If there is not sufficient space on the application, attach extra sheets as required. Please list your employment history in order of most current employment.

Employer	Start Date	End Date	Presently Employed <input type="checkbox"/>
Immediate Supervisor	Phone	May be approached as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City		Province	
Reason for Leaving			
Job Type <input type="checkbox"/> Casual <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent		Part-time/Full-time <input type="checkbox"/> Part-time (% _____) <input type="checkbox"/> Full-time	
Job Title			
Description of Duties			

Employer	Start Date	End Date	Presently Employed <input type="checkbox"/>
Immediate Supervisor	Phone	May be approached as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City		Province	
Reason for Leaving			
Job Type <input type="checkbox"/> Casual <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent		Part-time/Full-time <input type="checkbox"/> Part-time (% _____) <input type="checkbox"/> Full-time	
Job Title			
Description of Duties			

Employer	Start Date	End Date	Presently Employed <input type="checkbox"/>
Immediate Supervisor	Phone	May be approached as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City		Province	
Reason for Leaving			
Job Type <input type="checkbox"/> Casual <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent		Part-time/Full-time <input type="checkbox"/> Part-time (% _____) <input type="checkbox"/> Full-time	
Job Title			
Description of Duties			

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

Supplementary Information

If you feel there is any additional information you wish to provide, please do so in the space below.

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

Submit an application for each competition to:

PEI Public Service Commission
 105 Rochford Street
 1st floor Shaw Building, North Entrance
 PO Box 2000
 Charlottetown, PE C1A 7N8

Telephone: (902) 368-4080
 Fax: (902) 368-4383 (Please call (902) 368-4080 to confirm receipt of fax).