



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: <input type="checkbox"/> English <input type="checkbox"/> 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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have the use of a reliable vehicle:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have a valid driver's licence:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
How are you legally entitled to work in Canada?				
<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Temporary Work Permit	Expiry Date:	_____
Can you type:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, how many words per minute:	_____
Can you use software packages:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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](http://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	<b>Educational Institution</b>
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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	<b>Educational Institution</b>
---	--------------------------------

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	<b>Educational Institution</b>
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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	<b>Educational Institution</b>
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Major	Minor
-------	-------

**Dates Attended**

From: \_\_\_\_\_ To: \_\_\_\_\_ Graduated:  Yes  No  In Progress

## Training Courses

Course	Education Provider	Start Date	End Date	In Progress

## Languages

English:	Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/>
French:	Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/>
Other:	Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> 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.

<b>Employer</b>	<b>Start Date</b>	<b>End Date</b>	<b>Presently Employed</b> <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			

<b>Employer</b>	<b>Start Date</b>	<b>End Date</b>	<b>Presently Employed</b> <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			

<b>Employer</b>	<b>Start Date</b>	<b>End Date</b>	<b>Presently Employed</b> <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  
 1<sup>st</sup> 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.)