



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 gov.pe.ca/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
-------	-------

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
---	--------------------------------

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
---	--------------------------------

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 <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.

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			

