

Application/Nomination Form

IMPORTANT: PLEASE READ THESE INSTRUCTIONS BEFORE FILLING OUT FORM

STEP 1: Fill out the application/nomination form. This fillable PDF form will allow you to complete the form and save it on your computer.

STEP 2: Once you've completed and saved the form, email it and your resume (if submitting) to the Agencies, Boards and Commissions Office at <u>agenbrdcom@gov.mb.ca</u>. Please submit this application form along with any other required documents (i.e. resume, cover letter, etc.).

If you prefer to mail your completed form please print it and send to:

Agencies, Boards and Commissions, Mezzanine – Z01, 155 Carlton Street, Winnipeg, Manitoba R3C 3H8 (Phone) 204 945 2959

Applications/nominations will remain on file for two years. After two years a new application/ nomination will be required.

APPLICANT INFORMATION						
First Name:	Last Name:					
Gender:	Pronouns:					
Email:	Phone Number:					
Home/Mailing Address:						
Suite No./P.O. Box:	Postal Code:					
City:	Province:					
Are you bilingual (French/English)?			No			
SELF-DECLARATION FOR EQUITY GROUPS (Completion of this section is voluntary)						
		Please select	all that apply:			

Equity Declaration

The Manitoba government recognizes the importance of building an exemplary public service reflective of the citizens it serves, where diverse abilities, backgrounds, cultures, identities, languages and perspectives drives a high standard of service and innovation.

The Manitoba government supports equitable employment practices and promotes representation of designated groups (women, Indigenous people, visible minorities, persons with disabilities).

The groups listed are designated as under-represented by the Employment Equity Program of the Civil Service Commission. The Civil Service Commission Equity Policy is considered in making appointments to Agencies, Boards and Commissions.

Women

Indigenous People

(Includes Treaty Status, Non-Status, Metis and Inuit)

Visible Minorities

(Persons other than Indigenous people, who because of their race or colour, are a visible minority)

Persons with Disabilities

(Persons who have a long-term or recurring impairment)

REQUIRED DECLARATION

AGENCIES, BOARDS AND COMMISSIONS Application/Nomination Form



Applicant Name	Applicant Signature	Date	9
	need to be completed if you are submitting ting a resume, all fields must be completed		
CURRENT PLACE OF EMPLOYME	NT AND POSITION*		
EMPLOYMENT BACKGROUND*			
DUCATION (Please include institut	te's name and year started/completed)*		
COMMUNITY / COMMITTEE INV	OLVEMENT*		
Please indicate if you are a member	of Manitoba's Francophone community	Yes	No

You are available for meetings on:							
Weekdays	Weekday lunch hours	Evenings	Weekends				

Yes

No

Date

ADDITIONAL COMMENTS (Including disability accommodation requests)

Do you wish to be considered only for the ABCs indicated above:

Submitted/Nominated by

REQUEST CONSIDERATION FOR THE FOLLOWING AGENCIES, BOARDS AND COMMISSIONS*

AREA(S) OF EXPERTISE

SPECIAL INTERESTS/LIFE EXPERIENCES

