# APPLICATION FORM

**This document is available in alternate formats upon request.**

The selection board will rely on information provided in this form to determine whether a candidate will be invited for further assessment.

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| **Advertisement #** | 10038074 |
| **Job Title** | Administrative Secretary (AY3) |
| **Department(s)** | Elections Manitoba |
| **Location(s)** | Winnipeg |

## PART 1: APPLICANT INFORMATION

**(REQUIRED)**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: | | Family (last) Name: | |
| Phone Number: | | Email: | |
| Address: | | City: | |
| Province: | Country: | | Postal Code: |

I am currently employed with the Legislative Assembly of Manitoba in a term, regular or departmental position.

I am currently employed with the Manitoba Government in a term, regular or departmental position.

## PART 2: SCREENING CRITERIA

**(REQUIRED)**

*For each of the screening criteria for this position, describe how you meet the criteria, using significant examples from your experience.**Experience can include work, volunteer and/or educational experience.* ***You must not exceed a maximum of 200 words per screening criterion.*** *Additional criteria may be reviewed at a later stage with candidates selected for further assessment.*

|  |  |
| --- | --- |
| **Screening criteria** | **Describe how you meet each screening criterion, using specific examples as appropriate.**  ***You must not exceed a maximum of 200 words per screening criterion.*** |
| 1. Describe your work experience in managing reception and administrative duties. |  |
| 1. What is your experience with processing invoices and requisitions and using accounting systems such as SAP or QuickBooks? |  |
| 1. Explain how you manage a heavy workload in a time sensitive environment. |  |
| 1. Briefly explain your ability to work effectively both on a team as well as independently. |  |

## PART 3: EMPLOYMENT EQUITY DECLARATION

**(VOLUNTARY)**

*The Legislative Assembly of Manitoba recognizes the importance of building an exemplary workforce that is inclusive and reflective of the population it serves. We encourage applicants to voluntarily self-declare if they are from any of the following employment equity groups: women, Indigenous people, visible minorities, and persons with disabilities.*

**Please check the boxes that apply to you. Note that you may declare in one or more of the employment equity groups.**

WOMEN

INDIGENOUS PEOPLE

VISIBLE MINORITIES

PERSONS WITH DISABILITIES

## PART 4: APPLICATION DECLARATION

**(REQUIRED)**

|  |  |
| --- | --- |
| By indicating “yes” in the adjacent box, I certify that the information provided on this application is accurate and complete to the best of my knowledge as of the date indicated below.  I understand that falsified or misleading statements and omissions will result in rejection of this application and, if employed, may be cause for termination. (yes/no) |  |

Date: