#  APPLICATION FORM

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

You are not required to submit a cover letter, but may be asked to submit a resume, references, or other documentation at a later point if invited for further consideration.

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

|  |  |
| --- | --- |
| **Advertisement #** |  |
| **Job Title** |  |
| **Department(s)** |  |
| **Location(s)** |  |

## 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 comparable work experience using modern digital video production equipment and processes.
 |       |
| 1. What kind of events have you live streamed and what was your role?
 |       |
| 1. Describe your experience with broadcast switching and operating PTZ cameras.
 |       |
| 1. Briefly explain your ability to work effectively both on a team as well as independently, with minimal supervision.
 |       |

## 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: