# ProvMB Logo_clr APPLICATION FORM

**Alternate formats available upon request.**

Candidates are required to submit the Application Form for screening in addition to their resume.

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

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| **Advertisement #** | 36783 |
| **Job Title** | Director of Victim Services Branch |
| **Department(s)** | Justice |
| **Location(s)** | Winnipeg, MB |

## 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 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. Note that the written communication criterion is also going to be assessed throughout the Application Form.*

|  |  |
| --- | --- |
| **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.A Bachelor of Social Work degree or an equivalent related Social Sciences degree, equivalent combinations of education and senior management experience may be considered |       |
| 2. Proven ability as a leader with a commitment to create, support and sustain a diverse environment that enables staff to achieve results and to develop for the future  |       |
| 3. Management experience with responsibility for human and financial resources which includes budgeting and financial management |       |
| 4. Strong written communication skills in order to produce a wide range of materials such as policy and planning documents, Treasury Board submissions, and annual reports |       |
| 5. Experience building relationships with Indigenous people and implementing the principles of reconciliation |       |

## PART 3: EMPLOYMENT EQUITY DECLARATION

**(VOLUNTARY)**

*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, persons with disabilities, visible minorities). We encourage applicants to voluntarily self-declare.*

[*Click here for more information on the Employment Equity Policy.*](http://www.gov.mb.ca/csc/policyman/equity.html)

**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

[ ]  PERSONS WITH DISABILITIES

[ ]  VISIBLE MINORITIES

## PART 4: VETERANS’ PREFERENCE DECLARATION

**(VOLUNTARY)**

*Veteran status is a consideration in all competitions where it is deemed to be in the public interest. Completion of this veterans’ preference declaration is voluntary.*

[*Click here for more information on the Veterans’ Preference Policy*.](http://www.manitoba.ca/csc/policyman/veterans.html)

[ ]  I wish to declare Veteran status

## PART 5: 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:

**We thank all who apply and advise that only those selected for further consideration will be contacted.**