# ProvMB Logo_clr APPLICATION FORM

**Alternate formats available upon request.**

Please provide your resume with this application form. You are not required to submit a cover letter, but ***may*** be asked to submit 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.

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| --- | --- |
| **Advertisement #** | 37022 |
| **Job Title** | Administrative Assistant to the Minister (ATM) |
| **Department(s)** | Advanced Education, Skills and Immigration  Education  Legislative and Public Affairs  Mental Health, Wellness and Recovery |
| **Location(s)** | Legislative Building, 450 Broadway Avenue |

## 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.*

|  |  |
| --- | --- |
| **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. Extensive experience providing administrative and secretarial support to executive and senior level staff. |  |
| 2. Extensive experience with scheduling meetings, coordinating appointments and making travel arrangements. |  |
| 3. Experience managing correspondence and maintaining filing and document tracking systems such as Activities and Issues Management System (AIMS) or Shared Information Management System (SIMS). |  |
| 4. Experience working with highly sensitive material in a confidential and professional manner. |  |
| 5. Extensive experience working with Microsoft Office programs including Word, Excel, Outlook and PowerPoint. |  |
| 6. Experience drafting, formatting, editing and proof reading correspondence. |  |
| 7. Experience working in the Manitoba Legislative building environment providing administrative and secretarial support is preferred. |  |

**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.**