# ProvMB Logo_clr APPLICATION FORM

**Alternate formats available 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.

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| **Advertisement #** | 37359 |
| **Job Title** | Child and Family Services Worker  |
| **Department(s)** | Families, Community Service Delivery, Winnipeg Child and Family Services |
| **Location(s)** | Various positions throughout 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 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. Post secondary degree in social sciences (Bachelor of Social Work Degree preferred). Other combinations of education and experience may be considered on an under fill basis at a commensurate rate of pay.**Describe your post secondary degree in social sciences.** |       |
| 2. Case Management experience with an emphasis on working with children and families and includes assessment, service planning and follow up, evaluation, transfer and/or closure.**Please describe your case management experience. In your response, describe the types of cases you have managed, and your experience in the following components: assessment, service planning, evaluation, transfer and/or closure, follow-up.** |       |
| 3. Experience working in a child and family services agency (may included university practicum experience).**Please describe the experience you obtained working in a child and family services agency. Describe the agency, your role, and responsibilities.** |       |

## 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.**