# ProvMB Logo_clrAPPLICATION FORM

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

You are not required to submit a cover letter, but please ensure you submit an updated resume, along with this completed form.

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 #** | 37610 |
| **Job Title** | COVID – Data Entry Clerk |
| **Department(s)** | Health and Seniors Care, Cadham Provincial Laboratory |
| **Location(s)** | 750 William 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

*For each screening criteria please describe how you meet the criteria using significant examples from your experience.**Experience can include work, volunteer and/or educational experience. 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.*****Limit your response to 3 or 4 Sentences per Criterion or*** ***use Bullets points*** *\*\*should not exceed 200 words per criterion* | **Industry, Company, Organization, School, Government Dept where you performed this task, gained this experience or completed your education** |
| 1. Experience in data entry, including the ability to enter information with a high degree of accuracy and speed.

 (Describe your data entry experience, including the types of data you have entered and where you have performed this work). |  |  |
| 1. Knowledge and understanding of medical terminology.

(Describe where you have gained any knowledge related to medical terminology, this may include knowledge gained through education, work related experience or volunteer work). |  |  |
| 1. Well rounded experience using a Laboratory Information System, preferably Labware or an equivalent laboratory or health related information management software system.

(Describe any experience you have using a Laboratory Information System (LIS), or health related information management system including the system you have experience using and where you have used the system). |  |  |

## PART 3: EMPLOYMENT EQUITY DECLARATION

**(VOLUNTARY)**

*The Manitoba government recognizes the importance of building an exemplary civil service 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.*

[*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.**