# ProvMB Logo_clr APPLICATION FORM

**Alternate formats available upon request.**

You are not required to submit a cover letter, however in order to be considered for this opportunity you must submit both this application form as well as your 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 #** | 37850 |
| **Job Title** | Registration and Client Services Representative (CL3) |
| **Department(s)** | Health and Seniors Care/Insured Benefits Branch/Insurance Division |
| **Location(s)** | 300 Carlton Street, 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.*

|  |  |  |
| --- | --- | --- |
| **Screening criteria** | **Describe how you meet each screening criterion, using specific examples as appropriate.*****Limit your response to 3 or 4 sentences per criteria or use bullet points.******You must not exceed 200 words per criterion.***  | **Industry, Company, School, Government Department where you performed this task or gained this experience.**  |
| 1. Experience in a client services environment where the job duties involved providing information and answering inquiries by phone and in person.
 |       |  |
| 1. Experience performing administrative or clerical tasks such as data entry, typing documents, preparing reports, and answering phones.
 |       |  |

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.**