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| **Part 1 – Position Information** (Please confirm the Advertisement Number and Position Title for the position you are applying to). | | | | | | | |
| **Advertisement Number:** | 44474 | **Position Title:** | | Public Health Inspector | | | |
| **Part 2 – Applicant Information** | | | | | | | |
| **Legal First Name:** |  | | | **Last Name:** |  | | |
| **Preferred Name:** |  | | | | | | |
| **Email:** |  | | | **Phone Number:**  (i.e. 204-123-4567) |  | | |
| **Mailing Address Line 1:**  (i.e. Street Name) |  | | | | **Suite No./P.O. Box** | |  |
| **Mailing Address Line 2:** |  | | | | **Postal Code:**  (i.e. A1A 1A1) | |  |
| **City:** |  | **Province:**  (i.e. MB for Manitoba) | |  | **Country:**  (i.e. CA for Canada) | |  |
| **Have you been previously employed by the Manitoba government?** | | | | | | YES NO | |
| **Are you currently employed by the Manitoba government?** | | | | | | YES NO | |
| **\*If you are currently employed with the Manitoba government in a term, regular or departmental position please provide your Employee Number:** | | | | | |  | |
| **Are you legally entitled to work in Canada?\***  **\***To be legally entitled to work in Canada, you must be either a Canadian citizen, permanent resident or hold a valid work permit. | | | | | | YES NO | |
| **Are you bilingual (French/English)?** Further assessment of written and verbal abilities may be required. | | | | | | YES NO | |
| **Part 3 – Voluntary Declarations** (Completion of this section is voluntary) | | | | | | | |
| **Employment Equity Declaration**  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, visible minorities, persons with disabilities). For further information please visit: <https://www.manitoba.ca/csc/policyman/eestaff.html> | | | | | | Please select all boxes that apply:  Women  Indigenous people  Visible minorities  Persons with  disabilities | |
| **Veterans’ Preference Consideration**  The Manitoba government recognizes the contribution of individuals to national security, either serving or losing a spouse or common-law partner as a result of service, by assisting them in securing employment. The Public Service Regulation defines veteran for this purpose under Section 2.2 (1)-(2). To view this definition please visit: <https://web2.gov.mb.ca/laws/regs/current/_pdf-regs.php?reg=11/2022>  For further information on veteran’s status as a factor in the staffing process please visit: <https://www.manitoba.ca/csc/policyman/veterans.html> | | | | | | Do you meet the definition for veterans and wish to be granted veterans’ preference consideration:  Yes  No | |
| **Part 4 – Required Declaration** | | | | | | | |
| By checking “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 | |
|  | | |  | | |  | |
| Applicant Name | | | Applicant Signature | | | Date | |
| Please submit this application screening form along with a copy of your resume.  **We thank all who apply and advise that only those selected for further consideration will be contacted.** | | | | | | | |

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| **Part 5 – Conditions of Employment** (Completion of this section is mandatory) | | |
| **Please check to confirm whether you meet the following Conditions of Employment:** | | |
| Must be legally entitled to work in Canada *(must be able verify status prior to appointment)* | | YES  NO |
| Certificate in Public Health Inspection (Canada) (CPHI(C)) along with on-going membership and participation in the Canadian Institute of Public Health Inspectors Continuing Professional Competencies (CPC) Program | | YES  NO |
| Must provide a maintain a satisfactory Criminal Record Check | | YES  NO |
| Must have a valid class 5 Driver's License with access to a personal vehicle | | YES  NO |
| Must be able to work outside in various environmental conditions and meet physical requirements as needed such as walking, climbing, bending and kneeling | | YES  NO |
| Must be able to work outside regular working hours and/or travel to remote locations by car, plane and boat with possibility of consecutive overnight stays | | YES  NO |
| **Part 6 – Screening** | | |
| 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. Additional criteria will be reviewed at a later stage for candidates selected for further assessment. | | |
| **Screening Criterion** | **Describe how you meet each screening criterion, using specific examples as appropriate.**  ***You must not exceed a maximum of 300 words per screening criterion.***  **The Selection Board may rely only on information provided in this form to determine whether a candidate will be invited for further assessment.** | |
| **Completion of a post-secondary degree in Environmental Health from a recognized institution. An equivalent combination of relevant education, training and experience would be considered if combined with a Certificate in Public Health Inspection.** | **Please describe your education, training and experience as it relates to the role of Public Health Inspector.** | |
|  | |
| **Experience with inspections as well as monitoring and enforcement of regulations, guidelines, by-laws and/or Acts to ensure compliance.** | **Please describe your experience with inspections as well as monitoring and enforcement of regulations, guidelines, by-laws and/or Acts to ensure compliance.** | |
|  | |
| **Experience investigating complaints.** | **Please describe your experience investigating complaints.** | |
|  | |
| **Please indicate the location(s) you are interested in.** | Selkirk  Winnipeg | |

Please submit this application screening form along with a copy of your resume.

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