

DIRECTIONS: This form is a 'fillable PDF'. To enable this feature, save the form to your desktop, complete the form on your computer and send the completed form as an attachment as instructed.

## Application / Nomination Form Agencies, Boards and Commissions

Areas marked with an \* must be completed in detail. All other fields do not need to be completed if you are submitting a resume containing this information. If you are not submitting a resume, all fields must be completed in detail.

**Board\*:** \_\_\_\_\_  
**Title of Position\*:** \_\_\_\_\_

### Contact Information\*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City / Town: \_\_\_\_\_  
\_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Relevant Employment Experience

Position 1 \_\_\_\_\_ Length of Service \_\_\_\_\_  
Organization/Company \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Position 2 \_\_\_\_\_ Length of Service \_\_\_\_\_  
Organization/Company \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Position 3 \_\_\_\_\_ Length of Service \_\_\_\_\_  
Organization/Company \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_

### Education and Professional Development

*Please provide the name of the school and highest level of education obtained*

Institution  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_



## Community and Committee Involvement

Provide the name of organizations, all professional memberships and any relevant agency, board or commission experience, starting with the most recent and showing clear time periods for each organization. (Please indicate N/A if not applicable)

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## References

Please provide the names and telephone number of two references that we can contact on your behalf

Name

Contact Information

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## First Official Language\*

French

English

## Proficiency in other Official Language\*

Unilingual

Limited

Functional

Bilingual

**Self-Declaration for Equity Groups** (If you wish to identify your status, please check the boxes that apply to you.)

The Government of New Brunswick is committed to ensuring diversity by supporting initiatives that promote the equitable participation of aboriginal persons, persons of visible minority, persons with disabilities and women in positions where they are under-represented.

- |   |             |               |
|---|-------------|---------------|
| <b>1. Are you:</b>  | <b>Male</b> | <b>Female</b> |
| <b>2. Are you an aboriginal person of Canada?</b><br>(includes Treaty Status, Non-Status, Metis and Inuit)                                    | <b>Yes</b>  | <b>No</b>     |
| <b>3. Are you a person of a visible minority?</b>   | <b>Yes</b>  | <b>No</b>     |
| <b>4. Are you a person with a disability affecting employment?</b><br>(i.e co-ordination, hearing, speech, mobility, vision, paralysis, etc.) | <b>Yes</b>  | <b>No</b>     |

## Consent Statement

*Please add my resume to the corporate resume database to be considered for another ABC position for which I am qualified. I understand my personal information will be used or disclosed for the purposes of determining my eligibility for appointment to various agencies, boards and commissions.*

*Personal information on this form is collected under the authority that statutes creating the various agencies, boards and commissions, and will be used for the purpose of filling vacancies on the agencies, boards and commissions. Questions about this collection should be directed to Executive Council Office, 444-5292.*

*I understand that any information that proves to be false may disqualify me for any appointment. I hereby certify that all statements made in this application and other documents provided by are true and complete to the best of my knowledge and belief. I understand that should investigation at any time disclose misrepresentation or falsification of a material fact, that my application may be rejected. I also consent to my references being contacted.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_