

Application Form



INSTRUCTIONS:

1. Complete this form online (fillable PDF) and save to your computer.
2. Areas marked with an * must be completed in detail. All other fields must be completed UNLESS a résumé with these details is submitted. Consideration can only be given to the information provided.
3. Send the saved application (and résumé if applicable) to the email address OR a printed copy as specified in the ad.
4. **NOTE:** To apply online, you must be a Canadian resident. All other applicants may apply by completing the application form or by sending a résumé and cover letter outlining the opportunity for which you are applying as instructed in the Notice of Vacancy posting.

Board:* _____ Title of Position:* _____

PERSONAL PROFILE

Contact Information*

First Name*: _____ Last Name*: _____

Mailing Address*: _____ City / Town* _____

Province*: _____ Postal Code* _____ (e.g. E3B 1C2)

Phone 1*: _____ (e.g. 506-555-5555) Phone 2: _____ (e.g. 506-555-5555)

Email*: _____ (e.g. info@address.com)

Mother Tongue*: _____

Proficiency in Official Languages* - Please indicate your proficiency based on the following scale:

(1) No proficiency: Not able to communicate or understand the language.

(2) Limited: Able to converse on familiar topics. Limited proficiency.

(3) Functional: Satisfies routine social and work interactions. Comprehends most everyday conversations with some difficulty in situations requiring specialized or sophisticated knowledge.

(4) Fluent: Able to interact fluently and accurately on practical, social and professional topics with a high degree of effectiveness, reliability, and precision.

English:	Proficiency level:
Reading	_____
Writing	_____
Oral	_____

French:	Proficiency level:
Reading	_____
Writing	_____
Oral	_____

RELEVANT EXPERIENCE and EDUCATION

Work History *

Position 1:	
Organization/Company:	
Start Date:	End Date:
Responsibilities:	
Position 2:	
Organization/Company:	
Start Date:	End Date:
Responsibilities:	
Position 3:	
Organization/Company:	
Start Date:	End Date:
Responsibilities:	

Education *

Name of the school or institution

Degree, designation or certificate obtained

Areas of expertise

Provide an overview of any relevant experience, specialized knowledge or skills not identified elsewhere.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Governance | <input type="checkbox"/> Finance | <input type="checkbox"/> Business acumen | <input type="checkbox"/> Risk management |
| <input type="checkbox"/> Human resources | <input type="checkbox"/> Legal/regulatory | <input type="checkbox"/> Public/media relations | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Public policy | <input type="checkbox"/> Leadership | <input type="checkbox"/> Teamwork | <input type="checkbox"/> Strategic thinking |
| <input type="checkbox"/> Critical thinking | <input type="checkbox"/> Problem solving | <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Lived/firsthand experience |
| <input type="checkbox"/> Industry or sector experience | <input type="checkbox"/> Other | | |

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)

Self-Declaration for Equity Groups

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

If you wish to identify your status, please check the boxes that apply.

Do you identify as:

Male

Female

Non-binary

an Indigenous person? (includes Treaty Status, Non-Status, Metis and Inuit)

a person of a visible minority?

a person with a disability? (e.g. co-ordination, hearing, speech, mobility, vision, etc.)

a member of the LGBTIQ2S+ community?

a newcomer to Canada?

What age group are you a member of / do you represent?

18-24

25-34

35-44

45-54

55-64

65+

Additional Diversity Information (feel free to provide any additional diversity information not captured by the questions above):

Where did you hear about ABC opportunities? (choose all that apply)

Facebook

Government website

Twitter

Word of Mouth

LinkedIn

Other – please specify

References only required upon request.

Consent Statements

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.

I would like to receive electronic emails from the Government of New Brunswick regarding opportunities and updates on agencies, boards and commissions in the future.

**Personal information collected herein is done for the purpose of making appointments to various agencies, boards, and commissions; and is collected under the [statutory authority](#) of these various agencies, boards, and commissions. Questions about this collection should be directed to the ABC Unit of the Executive Council Office at (506) 444-5292 or PO Box 6000, Fredericton, NB, E3B 5H1 or visit us at <https://gnb.ca/abc>.*

Conflict of Interest *

Conflicts of interest arise when there is conflict between the private interests and the official responsibilities of an individual in a position of trust. In other words, situations where a board member may derive personal benefits for themselves, friends, or families from actions or decisions made through their board involvement. Conflicts of interest can be real or perceived. For example, board members should not:

- directly or indirectly benefit from a transaction where they can influence decisions made by the ABC;
- use their position to solicit clients for business purposes;
- accept fees, gifts, gratuities or other benefits which could reasonably be considered to influence their/board decisions; and/or
- make use of any privileged information to their personal gain or the gain of others.

To ensure ABCs are governed in the public interest, potential appointees are asked to disclose any obligation, commitment, relationship or interest that could conflict or may be perceived to conflict with their duties to or interests of the agency, board or commission to which they are seeking appointment.

Please complete:

I have reviewed the information above and do not have or foresee any conflicts to disclose.

If you feel there may be potential for conflict please provide a brief description of the nature and extent of the conflict for review.
**Please note that this does not automatically disqualify you from the application process.*

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 *: _____

Reset

Submit Application