AGENCIES, BOARDS AND COMMISSIONS

Application/Nomination Form

Manitoba

IMPORTANT: PLEASE READ THESE INSTRUCTIONS BEFORE FILLING OUT FORM

STEP 1: Fill out the application/nomination form. This fillable PDF form will allow you to complete the form and save it on your computer.

STEP 2: Once you've completed and saved the form, email it and your resume (if submitting) to the Agencies, Boards and Commissions Office at agenbrdcom@gov.mb.ca. Please submit this application form along with any other required documents (i.e. resume, cover letter, etc.).

If you prefer to mail your completed form please print it and send to:
Agencies, Boards and Commissions; 609 - 386 Broadway, Winnipeg, MB R3C 3R6; (Phone) 204-945-2959

Applications/nominations will remain on file for two years.
After two years a new application/ nomination will be required.

APPLICANT INFORMATION			
First Name:		**Last Name:**	
Gender:		**Pronouns:**	
Email:		**Phone Number:**	
Home/Mailing Address:			
Suite No./P.O. Box:		**Postal Code:**	
City:		**Province:**	
Are you bilingual (French/English)?			☐ Yes ☐ No

SELF-DECLARATION FOR EQUITY GROUPS (Completion of this section is voluntary)

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).

The groups listed are designated as under-represented by the Employment Equity Program of the Civil Service Commission. The Civil Service Commission Equity Policy is considered in making appointments to Agencies, Boards and Commissions.

Please select all that apply:

☐ **Women**

☐ **Indigenous People**
(Includes Treaty Status, Non-Status, Metis and Inuit)

☐ **Visible Minorities**
(Persons other than Indigenous people, who because of their race or colour, are a visible minority)

☐ **Persons with Disabilities**
(Persons who have a long-term or recurring impairment)

REQUIRED DECLARATION		

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Applicant Name	**Applicant Signature**	**Date**

Note: *Areas marked with an (*) 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.*

CURRENT PLACE OF EMPLOYMENT AND POSITION*

EMPLOYMENT BACKGROUND*

EDUCATION (Please include institute's name and year started/completed)*

COMMUNITY / COMMITTEE INVOLVEMENT*

Please indicate if you are a member of Manitoba's Francophone community ☐ Yes ☐ No

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AREA(S) OF EXPERTISE

SPECIAL INTERESTS/LIFE EXPERIENCES

REQUEST CONSIDERATION FOR THE FOLLOWING AGENCIES, BOARDS AND COMMISSIONS*

ADDITIONAL COMMENTS (Including disability accommodation requests)

Do you wish to be considered only for the ABCs indicated above: ☐ Yes ☐ No

You are available for meetings on:

☐ Weekdays ☐ Weekday lunch hours ☐ Evenings ☐ Weekends

Submitted/Nominated by	**Date**