

GREATER SUDBURY POLICE SERVICES BOARD

BOARD ADMINISTRATOR

APPLICATIONS ACCEPTED VIA E-MAIL:

PSBRECRUITING@GSPS.CA

** THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY**

DATE AVAILABLE TO BEGIN WORK:				
LAST NAME:		FIRST NAME		
MAILING ADDRESS:		TELEPH	ONE NUMBER:	
E-Mail:				
ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA?			YES	NO
DO YOU HAVE ANY OBJECTIONS TO WORKING EXTENDED HOURS?			YES	NO
INDICATE IF YOU:	SPEAK		READ	WRITE
ENGLISH				
FRENCH				
OTHER:				
(SPECIFY)				
OTHER:				
(SPECIFY)				

PERSONAL INFORMATION ON THIS FORM IS BEING COLLECTED DURING THE RECRUITMENT PROCESS UNDER THE AUTHORITY OF THE POLICE SERVICES ACT SECTION 43, FOR THE PURPOSE OF ASSESSING YOUR SUITABILITY FOR EMPLOYMENT. QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO: GSPS.HR@GSPS.CA

(IF REQUIRED, PLEASE ATTACH SEPARATE SHEET)

SECONDARY SCHOOL/ HIGH SCHOOL

HIGHEST GRADE (OR L	EVEL	CERTIFICATE OR DIPLOMA RECEIVED:			
	WIF LE I LD.		YES	NO		
IF 'NO', GIVE DET	AILS	:				
DOCT CECONDARY	//	UCLIECT LEVEL	OF FOLICATION	1		
POST SECONDARY MAJOR SUBJECT	(A-r	PROGRAM:	OF EDUCATION	CERTIFICATE O	R DIPLOMA	
AREA:		ritogrami.		RECEIVED:	N DII LOWA	
				YES	NO	
NUMBER OF SEME	STE	RS/COURSES CO	OMPLETED:			
PROGRAM TYPE:	Cer	<u>tificate</u>	Diploma:	Bachelor's	Master's Degree:	
		ırse:		Degree:		
OTHER:		LENGTH OF PRO	OGRAM:			
POST SECONDARY	(B)					
MAJOR SUBJECT			CERTIFICATE OR DIPLOMA			
AREA:				RECEIVED:		
				\		
NILINADED OF CENTE	CTE	DS/COLIDSES CO	OMDIETED.	YES	NO	
NUMBER OF SEME	.31E	na/ COURSES CO	JIVIPLE I ED:			
PROGRAM TYPE:	Cer	<u>tificate</u>	<u>Diploma:</u>	Bachelor's	Master's Degree:	
	<u>C</u> οι	ırse:		<u>Degree:</u>		
OTHER:				LENGTH OF PRO	OGRAM:	
OTHER.				LLINGIN OF PRO	JUNAIVI.	

(IF REQUIRED, PLEASE ATTACH SEPARATE SHEET)

POST SECONDARY	(C)				
MAJOR SUBJECT AREA:		PROGRAM:		CERTIFICATE OF RECEIVED:	R DIPLOMA
				YES	NO
NUMBER OF SEME	ESTEI	RS/COURSES C	OMPLETED:		
PROGRAM TYPE:	Cer	<u>tificate</u>	Diploma:	Bachelor's	Master's Degree:
		<u>ırse:</u>	<u> </u>	Degree:	master of page ear
		<u> </u>		<u>Degree.</u>	
OTHER:				LENGTH OF PRO	OGRAM:
		OTHER COUR	SES, WORKSHOPS, AND	CERTIFICATES	
NAME OF THE COUR	RSE/	CERTIFICATE	LENGTH	INSTITUTION	
				1	

WORK RELATED EXPERIENCE
 Do you possess a Community College Diploma or equivalent in business, administration and/or law?
YES NO
If YES, explain:
 Do you have 3-5 years' experience working in an executive administrative capacity with an emphasis on maintaining confidentiality, data management, financial reconciliation, customer service, organization and efficiency?
YES NO
If YES, explain:
Do you possess a post-secondary degree in business or administration?
YES NO
If YES, explain:
Do you have previous experience in Board governance?
YES NO
If YES, explain:

COMMUNITY/ VOLUNTEER / CLUBS

1. NATURE OF THE ORGANIZATION AND DESC	CRIPTION OF THE ACTIVITIES:		
POSITION HELD:			
FROM:	TO:		
2. NATURE OF THE ORGANIZATION AND DESC	CRIPTION OF THE ACTIVITIES:		
POSITION HELD:			
FROM:	TO:		
3. NATURE OF THE ORGANIZATION AND DESCRIPTION OF THE ACTIVITIES:			
POSITION HELD:			
FROM:	TO:		
NOTICE			

DO YOU WISH THIS APPLICATION TO BE KEPT IN THE STRICTEST CONFIDENCE FROM YOUR PRESENT EMPLOYER?

YES

NO

PRESENT EMPLOYER:	
POSITION:	
START DATE:	то:
(DD/MM/YYYY)	(DD/MM/YYYY)
Phone Number:	Address:
Primary Duties:	
Name of Supervisor:	Reason for Leaving:
2. PAST EMPLOYER:	
POSITION:	
START DATE:	то:
(DD/MM/YYYY)	(DD/MM/YYYY)
Phone Number:	Address:
Primary Duties:	
Name of Supervisor:	Reason for Leaving:

3. PAST EMPLOYER:	
POSITION:	
START DATE:	то:
(DD/MM/YYYY)	(DD/MM/YYYY)
Phone Number:	Address:
Primary Duties:	
Name of Supervisor:	Reason for Leaving:
4. PAST EMPLOYER:	
POSITION:	
START DATE:	то:
(DD/MM/YYYY)	(DD/MM/YYYY)
Phone Number:	Address:
Primary Duties:	
Name of Supervisor:	Reason for Leaving:
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OF	FENCE FOR WHICH A PARDON HAS NOT BEEN GRANTED?
YES NO	
IF YES, GIVE DETAILS:	

Declaration

I certify that the statements made by me in this application are true and complete to the best of my knowledge and belief and are made in good faith. I understand that if any of these statements are untrue, this application may be rejected or any appointment to a position to be nullified.

DATE: (DD/MM/YYYY) I agree

(Please select if you agree with above statement)