



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:		TELEPHONE 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

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 DESCRIPTION OF THE ACTIVITIES:

POSITION HELD:

FROM :

TO:

2. NATURE OF THE ORGANIZATION AND DESCRIPTION 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: (DD/MM/YYYY)	TO: (DD/MM/YYYY)
Phone Number:	Address:
Primary Duties:	
Name of Supervisor:	Reason for Leaving:

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

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

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

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE 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)