STAFFING AND ADMINISTRATION

VANCOUVER

GENERAL APPLICATION FORM

NAME: _____ SENIORITY: _____

CLASS: _____ UNIT / AREA: _____

Please indicate present status:

FULL TIME	
PART TIME	
TEMP	

RETURN TO: 610 - 349 West Georgia
Vancouver BC V6B 1Y9

I WISH TO MAKE APPLICATION FOR THE FOLLOWING: BULLETIN # _____

CHOICE #	UNIT	ROUTE	POSITION
1			
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OTHER APPLICATIONS:
Please add my name to the citywide volunteer list for extended hours and/or overtime in accordance with clause 17.04(a)(iv) of the collective agreement.

Signature

Date Stamp

Verified by Supervisor