

CLIENT APPLICATION FORM

The Office of Employment Equity for Persons with Disabilities operates several employment related programs and services designed to increase the representation of persons with disabilities employed in the provincial public service.

To be eligible to participate in these programs and services, you must identify yourself as a person with a disability, as defined below, and complete and submit this application form with the required accompanying documentation to the Office of Employment Equity for Persons with Disabilities.

For the purpose of this application, a person with a disability is an individual who, for the purposes of employment, identify themselves or believe that an employer or potential employer is likely to consider them to be disadvantaged due to a long term or recurring disability.

① Do you consider yourself a person with a disability according to the definition above?

Yes No

② Select one of the following statements which apply to you:

I am looking for full time employment.

Include with your application:

▶ A detailed résumé clearly outlining your education, skills, and work experience

I am a post-secondary student looking for summer employment.

Include with your application:

- ▶ A detailed résumé clearly outlining your education, skills and work experience
- ▶ Proof you are registered as a post-secondary student

3 Last Name First Name Initial

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4 Mailing Address (include your postal code)

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5 Gender

Male

Female

6 Home Telephone Business Telephone

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Cellular Telephone Other

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7 Email

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8 Are you willing to relocate within the Province of Newfoundland and Labrador?

Yes No

9 Are you legally entitled to work in Canada?

Yes No

10 Once your application has been processed you will be provided with an orientation of our programs and services. Please indicate any disability-related supports required.

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11 Do you authorize the Office of Employment Equity for Persons with Disabilities, at its discretion, to forward a copy of your résumé to outside agencies such as the Federal Government, public and private corporations for employment consideration?

Yes No

- 12 I declare that all the information given in this application is true and complete to the best of my knowledge and belief.

Signature

Date

Submit your completed application and relevant documentation to:



Office of Employment Equity for Persons with Disabilities
Human Resource Secretariat
50 Mundy Pond Road
P.O. Box 8700
St. John's, NL A1B 4J6

NOTES

- ▶ Please ensure that you sign your application form and include your résumé.
- ▶ Applicants will be contacted by the Office of Employment Equity for Persons with Disabilities once the application form is processed.
- ▶ All applicants registered as clients of the Office of Employment Equity for Persons with Disabilities will be included in our Client Registry. The registry is a database system containing all client applications and other employment related information used to select clients who meet the qualifications and skills required for each job competition.
- ▶ Your education, skills, and experience will be considered for each position that the Office of Employment Equity for Persons with Disabilities is requested to provide referrals. If your résumé clearly demonstrates you meet the education and experience requirements as outlined in the job description, you will be asked to participate in the interview process. Only applicants who best meet the requirements of anticipated job vacancies will be contacted.
- ▶ In order to maintain an accurate employment profile for referral purposes, you are required to update the Office of Employment Equity for Persons with Disabilities with any changes to your address, telephone number(s), employment status, educational qualifications and your ability to work. Outdated employment and/or contact information will result in your file being considered inactive.

PRIVACY NOTICE

Under the authority of programs managed by the Office of Employment Equity for Persons with Disabilities, personal information shall be collected and used for the purpose of program administration. Personal information that you provide is protected under the Access to Information and Protection of Privacy Act (“the Act”) and shall not be disclosed or used for any purposes other than those in accordance with the Act.

For further information, contact:

Address: Office of Employment Equity for Persons with Disabilities
Human Resource Secretariat
50 Mundy Pond Road
P.O. Box 8700
St. John’s, NL A1B 4J6

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