2014-2015 Application Form

CUPE National Committees and Working Groups

DATE	
NAME	
LOCAL UNION NUMBER	
NAME OF EMPLOYER	
NATIONAL COMMITTEE(S)/WORKING (GROUP(S) YOU ARE APPLYING FOR
	/
	/
	/
CONTACT INFORMATION	
Address	Phone – Day ()
City/Province	Phone – Eve. ()
Postal Code	Other – Cell ()
E-Mail	
BACKGROUND INFORMATION	
i) Years of trade union activism an that you have been a CUPE mem	d positions held (please indicate how many years aber)

ii)	Union positions currently held	t.			
iii)	i) Activism beyond the local union level? (CUPE provincial division; service division; labour council; CUPE district council; Federation of Labour; etc.)				
iv)	Activism, experience and kno be within the trade union mov	wledge directly related to committee work (can rement or external to the trade union movement)			
v)	Equity Screen				
Gend	er	(Male) (Female)			
Youn	g Worker (under 30)	Yes No			
Worker of Colour		Yes No			
Aboriginal Worker		Yes No			
Work	er with Disability	Yes No			
Gay, Lesbian, Bisexual		Yes No			
Trans	sgender, Transsexual, Intersex	Yes No			

<u>Please Note</u>: The information provided in the Equity Screen section will remain confidential.

vi)	What is your preferred language of communication?			
	French	_ English	Bilingual	
vii)	I have the support of my local union (or other chartered organization) president			
	Yes	No		
	If yes, please pro	ovide details:	Name:	
			Phone:	
	I have the supp service division	n or other)	evel of the organization (such as provincial division	
	165	NO		
	If yes, please pro	ovide details:	Name:	
			Title:	
viii)			ing on this national committee/working group?	
ix)	How do you propose to build knowledge, network, and advance the work of the national committee/working group in your region/service division?			

NOTE: Applicants may be called if questions arise regarding applications.

Mail or fax no later than **January 7**, **2014** to the attention of:

PAUL MOIST National President 1375 St. Laurent Boulevard OTTAWA, ON K1G 0Z7 Fax: (613) 237-5508