

NATIONAL REPRESENTATIVE APPLICATION FOR EMPLOYMENT

This form is designed to be completed electronically or by hand and may be returned by email or regular mail

PERSONAL INFORMATION						
Name:	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> (First) (Last) </div>					
Address:	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> (Street Address) </div>					
	City:		Prov.		Postal Code:	
Phone #:	Work:		Cell:		Home:	
Email:	<div style="border-bottom: 1px solid black; width: 100%;"></div>					
Local # (if CUPE member)						
Do you have a valid driver's licence?			<input type="radio"/>	Yes	<input type="radio"/>	No

LANGUAGE SKILLS									
English					Français				
	N/A	Beginner	Intermediate	Advanced		S.O.	Débutant	Intermédiaire	Avancé
Spoken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Parlé	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Écrit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other languages:									

EDUCATION			
Please indicate the highest level of education you have achieved.			
High school diploma	<input type="radio"/>	Professional and/or Technical certificate	<input type="radio"/>
College diploma/CEGEP/certificate	<input type="radio"/>	University certificate	<input type="radio"/>
Bachelor's Degree	<input type="radio"/>	Graduate Studies	<input type="radio"/>
Other	Explain:		
Are you currently enrolled in a program?	If yes, which program:		

EMPLOYMENT HISTORY

State detailed employment from current to last or attach résumé.

Name of current / Last employer:		
Address:		
Duration:	From:	To:
Your position / title:		

Describe your work experience in this position, including responsibilities and skills.

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Name of employer:		
Address:		
Duration:	From:	To:
Your position / title:		

Describe your work experience in this position, including responsibilities and skills.

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UNION EXPERIENCE

1. List all positions (elected, volunteered or paid) you have held in your local, CUPE or other labour organizations, committees, etc. Include start date and length of time in each position.

Union Position Held	From	To
1.		
2.		
3.		
4.		
5.		

2. Outline your experience in the following areas. Be specific and as detailed as possible and include dates. If required, use Appendix "B" for additional page(s).

a) Experience in organizing (union or other organizations)

b) Experience in negotiations

c) Experience in strikes and lockouts

d) Experience in grievance preparation, presentation, and settlement

e) Experience in arbitration preparation and presentation
f) Experience in political action and lobbying

3. Outline your experience in the following areas. Be specific and as detailed as possible and include dates. If required, use Appendix "B" for additional page(s).

a) Experience in providing advice and guidance to a person or a group of people
b) Experience in facilitating discussions or consultations on sensitive matters
c) Experience in planning and coordinating activities for a group of people
d) Experience in helping a person or a group of people in a conflict situation

TRAINING, COURSES AND WORKSHOPS

List any CUPE Bargaining Series or Stewarding Learning Series workshops taken in the last three years?

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

OTHER LABOUR RELATED EDUCATION OR RELEVANT COURSES

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

EMPLOYMENT HISTORY AT CUPE

Have you ever worked for CUPE in the past?	<input type="radio"/>	Yes	<input type="radio"/>	No
If yes, when?				
What position did you hold?				
If you had a different last name at that time, please provide it.				

REFERENCES

CUPE National Representative assigned to your Local (if applicable)

Name:	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 2px;"> (First) (Last) </div>
Area Office:	

Provide two references, one of which should be a member of a trade union. Please note that they will be contacted.

Name:	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 2px;"> (First) (Last) </div>					
Title:						
Union:						
Business Address:	<div style="border-bottom: 1px solid black; width: 100%; font-size: 0.8em; margin-bottom: 2px;">(Street Address)</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div style="width: 20%;">City:</div> <div style="width: 20%; border-bottom: 1px solid black;"></div> <div style="width: 10%;">Prov.:</div> <div style="width: 20%; border-bottom: 1px solid black;"></div> <div style="width: 20%;">Postal Code:</div> <div style="width: 10%; border-bottom: 1px solid black;"></div> </div>					
Phone #:	Work:		Cell:		Home:	
Email:						

Name:	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 2px;"> (First) (Last) </div>					
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Phone #:	Work:		Cell:		Home:	
Email:						

Self-Identification Survey for External Applicants (Voluntary Information)



Thank you for your application and interest in joining our team. CUPE is committed to a representative workplace and a culture grounded in diversity and inclusiveness in all levels of our organization to ensure that its workforce is reflective of CUPE membership and the diverse population and communities in which we live and serve. The five (5) designated equity-deserving groups recognized by CUPE are: women, Black and racialized people, Indigenous people, persons with disabilities, and 2SLGBTQI+ people.

The collection of self-identification data is a critical piece of an organization’s commitment to employment equity. This information allows an employer to understand the current staffing compliment of its workforce. Furthermore, this information provides a measure to monitor the organization’s employment equity plan objectives and the performance of its programs, and to review its policies and practices so that it may increase the organization’s capacity to recognize and remove any systemic or internal discriminatory practices and/or employment barriers to advance and achieve greater representation within its organizational structure. This information will also assist in ensuring that employment equity, diversity and inclusion considerations and goals are built into all levels of the organization.

Please complete the entire survey as it will provide CUPE with valuable information about our staffing goals.

PRIVACY NOTICE

Information collected from this survey is confidential and will be used where applicable and retained to advance CUPE’s employment equity goals, statistical analysis, strategy development, measurement of progress in achieving our goals and human resource management purposes related to training and the establishment of development and special mentoring programs. Only authorized staff with employment equity responsibilities will have access to the information you provide in accordance with the applicable privacy legislation. All reports based on this information are aggregated so that no individual can be identified. This information will not be used for unauthorized purposes, other than those noted above.

PLEASE SELECT ALL THAT APPLY:

I am an Indigenous person (First Nations, Métis or Inuit)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
I am a Black person	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
I am a racialized person	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
I am a person with a disability or disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
I am a member of the 2SLGBTQI+ community (Two-Spirit, lesbian, gay, bisexual, trans, queer, intersex, or other identities not listed here)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
I prefer to self-describe _____			

PLEASE SELECT ALL THAT APPLY:

What is your gender? Gender refers to your current gender, which may be different from your sex assigned at birth and from what is indicated on your legal documents.

☐ Woman

☐ Man

☐ Intersex

☐ Trans

☐ Two-Spirit

☐ Non-binary/Genderqueer

☐ I prefer to self-describe _____

☐ Prefer not to answer

THANK YOU FOR COMPLETING THIS SELF-IDENTIFICATION SURVEY!



Please return to:
Organizing and Regional Services Department Canadian Union of Public Employees
1375 St. Laurent Blvd.
Ottawa, Ontario K1G 0Z7

Email : ors@cupe.ca – Fax : (613) 237-5508

PRINT

SUBMIT

CUPE is committed to fostering a representative workplace and a culture grounded in respect, diversity and inclusiveness at all levels of our organization to ensure that our workforce reflects the diverse CUPE membership and the diverse communities in which we live and serve. CUPE encourages applications from qualified members of equity-deserving groups, including women, Black and racialized people, Indigenous people, persons with disabilities, and 2SLGBTQI+ people. We will provide reasonable accommodations for candidates on any protected human rights grounds at any stage of the selection or recruitment process. Please inform us if you require accommodations by contacting us at hr@cupe.ca. (All qualified candidates are encouraged to apply. However, CUPE members and existing CUPE staff will be given priority.)

APPENDIX “B”

(Use if required)