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, B.C. V6B 1Y9

CHOICE #	UNIT	ROUTE	POSTITION
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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 agrrement.

Signture

Date Stamp

Verified by Supervisor