



FOR FULL TIME POSTING STATE POSITION/LOCATION (LIST ONE LOCATION ONLY)			EMPLOYMENT BULLETIN #
FOR PART TIME LATERAL STATE PREFERRED STATION (LIST ONE STATION ONLY)			
NAME			EMPLOYEE NUMBER
ADDRESS (INCLUDE POSTAL CODE)			
TELEPHONE NUMBER	MESSAGE NUMBER	DRIVER'S LICENSE CLASS	EXPIRY DATE
PRESENT STATION			
PRESENT CLASSIFICATION	FULL TIME SENIORITY DATE	PART TIME DATE OF HIRE	

**IN ACCORDANCE WITH COLLECTIVE AGREEMENT ARTICLE 13.01 (a) (ii)/Article F3.03(b):
"An employee applying for a position must be physically able to perform the duties
on reporting to the position by the specified date."**

<p>ARE YOU CURRENTLY ACTIVE AT WORK? IF NO, (I.E. STIIP, WCB, LTD, LOA) PLEASE EXPLAIN.</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
<p>ARE YOU CURRENTLY PERFORMING ALL FUNCTIONS OF YOUR POSITION? IF NO, EXPLAIN.</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
<p>DO YOU HAVE ANY RESTRICTIONS? IF YES, EXPLAIN.</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>

FULL TIME POSTINGS

I understand that if I do not accept this position at the time an offer is made, I will no longer be considered for this or subsequent vacancies on this posting.

PART TIME LATERALS

I understand that if I do not accept this position at the time an offer is made, I will be required to submit a new lateral transfer application to be considered for subsequent vacancies at this station.

I certify that the above information is true and complete.

SIGNATURE
DATE