VANCOUVER BOARD OF EDUCATION • INTERNAL APPLICATION FORM
SUPPORT STAFF

THIS APPLICATION IS FOR VSB EMPLOYEES IN CUPE LOCAL 15 (VMECW) AND IUOE LOCAL 963 ONLY

Employee Information			
Name:		***Employee #:***	
Current Position:		***Current Location:***	
Phone # (day):		***Email:***	

Competition #	***Position***	***Location***	***Preference (1, 2, 3 ...)***

Only those applicants selected will be contacted/acknowledged. Faxed applications will not be accepted.
I hereby certify that the information given by me in this application are true and complete.

Applicant's Signature **Date**