



LIBRARY OF PARLIAMENT INTERNSHIP PROGRAM 2022–2023: APPLICATION FORM

NAME
Last Name:
First Name:
Preferred Name:

SPECIALIZATION
<p>Please specify your area(s) of study:</p>
<p>Please specify your preferred area of work</p>
<input type="checkbox"/> Economics, Resources and International Affairs
<input type="checkbox"/> Legal and Social Affairs
<input type="checkbox"/> Public Education Programs
<input type="checkbox"/> Branches, Reference and Information Services

LINGUISTIC PROFILE		
<p>In which official language(s) do you consider you have a working ability?</p> <p><i>Preference will be given to candidates who can communicate orally in both official languages. Candidates retained in this process will be required to undertake an evaluation of their second language oral proficiency.</i></p>		
<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> English and French

SELF-DECLARATION (OPTIONAL) <small>The information that you provide in this section will be used for selection purposes if you self-declare as being Indigenous, a person with a disability, or a member of a visible minority as preference for these positions is given to members of these employment equity groups. The information collected will also be used for compiling aggregated, anonymised statistics for employment equity and diversity initiatives at the Library.</small>	
<p>Are you an Indigenous person (i.e., of First Nation, Inuit or Métis descent)?</p>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide further information, if you wish:	
<p>Are you a member of a visible minority?</p>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide further information, if you wish:	

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Are you a person with a disability?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you identify as a woman?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you consent to your information being used and collected for the purposes outlined above?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

WHERE DID YOU HEAR ABOUT THIS PROGRAM?	
<input type="checkbox"/> GC Jobs	<input type="checkbox"/> University career centre
<input type="checkbox"/> parl.gc.ca	<input type="checkbox"/> Word of mouth
<input type="checkbox"/> LinkedIn	<input type="checkbox"/> Other, please specify: