



Application Form Cree Succession Plan Management Track Program

Note: You must be a JBNQA Beneficiary to apply.

Last Name: _____

First Name : _____

Date of Birth: _____

Employee Number : _____

Status (1-5): _____

Current job title: _____

Immediate Supervisor: _____

Work location: _____

Date of Hiring (Month/Year) : _____

Email address: _____

Daytime phone number: (_____) _____

Extension: _____

Cell number: (_____) _____



Expression of Interest

1. What is your formal academic background? Check all that apply.

- Secondary IV**
- Secondary V**
- Some College**
- Completed DEC**
- Some University**
- Completed University**
- Some post-graduate**
- Completed post-graduate**

Other training and certificates:



Conseil Cri de la santé et des services sociaux de la Baie James

σ ∩ d 7 ° b 7 · Δ r Δ · < i · Δ ° < a a b f C · b σ ∩ °

Cree Board of Health and Social Services of James Bay

1. Why do you want to enter the Management Track Program under the Cree Succession Plan?

2. What skills, experience and personal qualities do you possess which will make you a good manager?



3. How do you define the role of a manager?

***You can add pages as needed or complete this form as a separate Word document.**

Return to: 18ter.csp@ssss.gouv.qc.ca with your CV

Signature

Date

**Meegwetch!
Thank you and good luck!**
