

# APPLICATION FORM **EXPRESSION OF INTEREST**



## **HEU WORKER REPRESENTATIVE ON JOINT OCCUPATIONAL HEALTH AND SAFETY COMMITTEE**

**FOR HEU LOCAL** \_\_\_\_\_  
\_\_\_\_\_

**TYPE OF POSITION** \_\_\_\_\_  
 Regular JOHSC Worker Representative  
 Alternate JOHSC Worker Representative

NAME	DATE OF APPLICATION
EMAIL (Work)	EMAIL (Personal)
PHONE (Work)	PHONE (Personal)
JOB TITLE	
JOB STATUS <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> CASUAL	REGULAR SCHEDULED HOURS:
WORKSITE	DEPARTMENT
EMPLOYER (example: Fraser Health, Sodexo)	
MANAGER'S NAME	MANAGER'S EMAIL

**Tell us about yourself! Why are you interested in being a worker representative with this JOHS Committee?**

\_\_\_\_\_

**PLEASE SUBMIT THIS APPLICATION FORM** BY EMAIL TO YOUR LOCAL EXECUTIVE

\_\_\_\_\_

before \_\_\_\_\_

*Thank you for your interest. We will notify successful applicants.*