

APPLICATION FORM **EXPRESSION OF INTEREST**



HEU WORKER HEALTH AND SAFETY REPRESENTATIVE

FOR HEU LOCAL _____

TYPE OF POSITION _____

Worker Health and Safety 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 health and safety representative?

PLEASE SUBMIT THIS APPLICATION FORM BY EMAIL TO YOUR LOCAL EXECUTIVE

before _____

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