

**SAFE WORKPLACE PROMOTION SERVICES ONTARIO  
CANDIDACY ACKNOWLEDGEMENT**

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**PLEASE COMPLETE AND RETURN THIS FORM TO:** Elgy Varghese, 5110 Creebank Road, Suite 500,  
Mississauga, ON, Canada L4W0A1  
Tel: (905) 614-3007      Fax: (905) 614-3007      E-Mail: [evarghese@ossa.com](mailto:evarghese@ossa.com)

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**SECTION A – TO BE COMPLETED BY ALL APPLICANTS**

In order to assist SWPSO in the achievement of its mission, we are recruiting members to serve on our volunteer Advisory Committees.

Please indicate category:

- Advisory Committee Candidate – Manufacturing Sector
- Advisory Committee Candidate – Service Sector
- Advisory Committee Candidate – Farm Sector

Membership shall include individuals from both union and non-union workplace parties who have a history of achievement in leadership positions. Please select one of the following:

- Union employer
  - Non-union employer
  - Union employee
  - Non-union employee
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Your Name (in full): \_\_\_\_\_  
First Name/Middle/Surname

Residence Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: Ontario      Postal Code: \_\_\_\_\_

Residence Tel: ( ) \_\_\_\_\_ Residence Fax: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

***Please complete the attached questionnaire and attach a detailed and current curriculum vitae or resume.***

Employer (Registered Name): \_\_\_\_\_

Firm Rate Group/Firm Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: Ontario      Postal Code: \_\_\_\_\_

Tel: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**I, the applicant, will take such time away from my duties of employment as are reasonably necessary to attend meetings of the Advisory Committee and to carry out such other duties as may be assigned. I also recognize that Board members may become an Officer of the Board and may need additional time to fulfill the requirements of their position.**

SIGNATURE: \_\_\_\_\_  
(Applicant)

DATE: \_\_\_\_\_