

**RÉSUMÉ FORM**

**Nursing Homes Central Negotiating Team**

**IMPORTANT: Please TYPE all information.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | |  | | | | First Name: |  | |
| Local #: |  | | Region #: |  | Bargaining Unit: | | |  |

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| **Nursing/Health-Care Professional Work Experience:** |
| **Negotiating Experience (ONA and Other):** |
| **Other Activity at ONA bargaining unit level and/or provincial level:** |
| **Participation in ONA Education Workshops:** |
| **Any additional preparation and experience in labour relations:** |
| **Please make a short statement of your Aims and Objectives for election to this Team:** |