

Employee Blind Bid Form

Name: _____ **Seniority #:** _____

Classification of Service Circle one: TO (fully Qualified Y N) CSA CD

Permanent Vacancy (PV)				Temporary Vacancy (TV)	
Preference of Work		Preference of Work (only if displaced)			
Assignment #		Assignment #		Assignment #	
1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
6		6		6	
7		7		7	
8		8		8	
9		9		9	
10		10		10	
11		11		11	
12		12		12	
13		13		13	
14		14		14	
15		15		15	
16		16		16	
17		17		17	
18		18		18	
19		19		19	
20		20		20	

E-Mail: Company email address

Date D/M/Y : ___/___/___ Time: _____ Signature: _____

Page ___ of ___

CD's initials _____