

V4 October 2015

S.I.N.	LAST Name:	FIRST Name:
Date of Birth (YYYY/MM/DD):	Gender (please encircle one): Male Female Prefer not to say	MIDDLE Name:
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Sign Language	Language of Service: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Sign Language	Email Address:
Referral Source:		
<input type="checkbox"/> Apprenticeship Branch <input type="checkbox"/> CAHRD <input type="checkbox"/> Community Agency <input type="checkbox"/> EAS Service Provider <input type="checkbox"/> Employment Manitoba <input type="checkbox"/> Employment Manitoba Poster <input type="checkbox"/> Employment Partnership Service Provider <input type="checkbox"/> First Nations Organization <input type="checkbox"/> Floodway JRS <input type="checkbox"/> Government Assistance Refugee/Labour & Immigration <input type="checkbox"/> HRDC-Service Canada EI Insert <input type="checkbox"/> HRDC-Service Canada Walk-In <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Job Links <input type="checkbox"/> Internet <input type="checkbox"/> Metis Organization <input type="checkbox"/> Provincial Assistance <input type="checkbox"/> Rebound <input type="checkbox"/> Wuskwatim JRS <input type="checkbox"/> Self <input type="checkbox"/> Training Institution <input type="checkbox"/> Vocational Rehab <input type="checkbox"/> Manitoba Start <input type="checkbox"/> Other		
Address: _____	Telephone: _____ (ext.) _____	
City: _____ Province: _____	Emergency Telephone: _____ (ext.) _____	
Postal Code: _____	Emergency Contact Person's Name/ Relation: _____	
Your Current Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Self-Employed	<i>Do we have your permission to contact them in case of an emergency?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Highest level of education completed: <input type="checkbox"/> Not Declared <input type="checkbox"/> No Formal Education <input type="checkbox"/> Grade (circle level completed) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> Modified High School <input type="checkbox"/> GED <input type="checkbox"/> Journeyman Certificate <input type="checkbox"/> Apprenticeship Year 1 2 3 4 <input type="checkbox"/> College/Vocational Educ. Yr 1 2 3 <input type="checkbox"/> University Yr 1 2 3 <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	YEAR highest level of Education was completed: _____	
	Income Assistance Source : <input type="checkbox"/> Band <input type="checkbox"/> Provincial <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Declared	
Aboriginal Status (optional): <input type="checkbox"/> Yes <input type="checkbox"/> Not Declared <input type="checkbox"/> None If YES , please select: <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Non-Status <input type="checkbox"/> Status On-Reserve <input type="checkbox"/> Status Off-Reserve	Receiving EI Benefits: <input type="checkbox"/> No <input type="checkbox"/> Not Declared <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
	Income Assistance Status: <input type="checkbox"/> Active <input type="checkbox"/> Non-Active <input type="checkbox"/> Pending <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Declared	
Visible Minority: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Declared	Receiving Income Assistance Benefits (EIA): <input type="checkbox"/> No <input type="checkbox"/> Not Declared <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
Immigrant/Refugee Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Declared If YES , landing date (YYYY): _____	Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Declared	

Office Use Only:

Counsellor Name:	Completed By:	<input type="checkbox"/> New Consumer
Today's Date:	Date Completed: (Entered into SPRS)	<input type="checkbox"/> Re-Opened
File #	SPRS #	<input type="checkbox"/> Consent forms signed

Application Form to Access REES Services

Reaching E-Quality Employment Services (REES) is a membership based non-profit and charitable organization that promotes, facilitates and maintain the employment of persons with disabilities and/or physical health conditions by providing diversified, customized employment, training and consultation services.

Personal Information: PLEASE PRINT

Is the primary barrier to employment mental health? Yes No
 (If **YES**, see front desk, if **NO**, continue filling out the application)

Have you used our services before? Yes No If **YES**, when? _____

Are you currently using services of another agency, community service or resource? Yes No

Please describe: _____

For how long? How often? _____

Disability and Accommodation:

What is the nature of your disability or medical condition? What are your physical limitations?
 What is your ideal work situation? What must you avoid?

Please list all medications you are taking:
 (Including OTC and Natural Remedies)

Special aids used:

Do you require wheelchair accessibility? Yes No

If **YES**, please describe _____

Do you have a Learning Disability? Please describe how it affects you.

Have you ever been treated for Depression or Anxiety? Yes No If **YES**, when?

Do you have a history of Psychiatric or Mental Health concerns? If **YES**, please describe:

Have you ever had or been diagnosed with a brain injury or a head injury (trauma)? Yes No
If **YES**, please describe how it affects you:

Have you ever had an accident that resulted in a loss of consciousness? Yes No
If **YES**, please describe:

Have you ever experienced a seizure? Yes No Not Applicable

If **YES**, please describe your management plan: _____

Do you have any allergies? Yes No Not Applicable

Are they life-threatening? Yes No

Do you carry an Epi-Pen? Yes No

Have you ever experienced Anaphylaxis (*severe allergic reaction*)? Yes No

What type of Allergies do you have? (please list)

Transportation:

Do you have a valid driver's license? Yes No Class: _____

What is your means of reliable transportation to work?

Bus Car Handi-Transit Other: _____

Childcare:

Do you have reliable childcare? Yes No Not applicable

Do you have a criminal record? Yes No Not Applicable
 Or any pending charges? Yes No Not Applicable

Income Status:

Date last employed: _____

Have you received Employment Insurance within the **past 3 years?** Yes *when* _____

No

Are you currently working? No

Yes

Rate/hour: _____ **Hours/week:** _____

Full-time Part-time Term Casual Self-Employed

What is your source(s) of income? Check all that apply:

Employment and Income Assistance/Regular Benefits : Active Non Active Pending

Employment and Income Assistance/Disability Benefits : Active Non Active Pending

Canada Pension Plan Canada Pension Plan/Disability Benefits

Earnings Employment Insurance Workers Compensation Board

Private Insurance Spouse Self-Employed

Other/s, please list:

Education:

Are you interested in continuing your education? Yes No Maybe

No Formal Education

Province or country where education was received: _____

Additional courses, certificates and/or training (please list):

Employment History:

How often do you miss work due to illness or personal reasons?

Ex: Once a month, twice a week, once a year, etc. Please describe.

List your hobbies and interests:

Work related references: Please list three (3) references and telephone numbers, if possible.

1. _____
2. _____
3. _____

Employment History (complete this section only if you do not have a current resume available):

List down most recent position first:

1. Position held: _____ Duties: _____ _____ Employer: _____ Start date: _____ End date: _____ Reason for leaving: _____
2. Position held: _____ Duties: _____ _____ Employer: _____ Start date: _____ End date: _____ Reason for leaving: _____
3. Position held: _____ Duties: _____ _____ Employer: _____ Start date: _____ End date: _____ Reason for leaving: _____

Volunteer Work History:Please complete the following volunteer work history (*most recent position first*).

1. Position held: _____ Duties: _____ _____ Organization: _____ _____ Start date: _____ End date: _____ Reason for leaving: _____
2. Position held: _____ Duties: _____ _____ Organization: _____ _____ Start date: _____ End date: _____ Reason for leaving: _____

Employment Search Activity:Are you using the services of another Employment Agency? Yes NoIf **YES**, please specify: _____ How often? _____**Sources used while job searching (check all that apply):**

- | | | | |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> Want Ads | <input type="checkbox"/> Employer Directory | <input type="checkbox"/> Job Bank | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Previous Employers | <input type="checkbox"/> Cold Calls | <input type="checkbox"/> Internet | <input type="checkbox"/> Employment Agency |
| <input type="checkbox"/> Employment Registry | <input type="checkbox"/> Tips from Acquaintances/Networking | <input type="checkbox"/> Other: _____ | |

Methods used to contact potential employers (check all that apply):

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Drop Off Applications/Resumes | <input type="checkbox"/> Telephone Employers | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mail Resumes | <input type="checkbox"/> In-Person Contact with Employers | |
| <input type="checkbox"/> Fax Resumes | <input type="checkbox"/> E-mail Resumes | |

Please list the types of jobs you would be interested in. If unsure, do you want to explore job options?

-
- Yes
-
- No

What is your minimum salary expectation? _____

Employment Search Activity:

List top 5 most important 1= most important:

Cover Letter Writing	___	Interview Skills	___	Resume writing	___
Career Exploration	___	Finding Job Leads	___	Education and Training	___
Improving Confidence	___	Self-Presentation	___	References	___
Internet Job Search	___				

How did you hear about REES?

- Counselor

 Friend/Family

 Internet/Website
 Newspaper/TV

 Other _____
 Another agency. If so, which one? _____

What type of Social Media do you use? (for statistical purposes only)

- Facebook
 Twitter
 LinkedIn
 Instagram
 WordPress
 Youtube
 Pinterest
 Tumblr
 Snapchat
 None
 Other platform? If so, which one? _____

May we send you our REES Newsletter?
 Yes
 No
(sent twice a year)

Comments / Questions / Additional Information: _____

I certify to the best of my knowledge that the above information is true and correct.

Print Name: _____ **Signature:** _____ **Today's Date:** _____

Reaching E-Quality Employment Services (REES) is committed to protecting your privacy. We will only use your name and address to inform you of REES' events and activities (e.g. newsletters, events, etc.) We do **not** sell, trade or barter our mailing lists. Please contact 204-832-7337 ext. 233 if you no longer wish to be contacted in any way.

