

**Application Form for REES Services**

Reaching E-Quality Employment Services (REES) has helped people with physical disabilities and/or health conditions gain quality employment since 1989. We offer a wide range of employment counselling and consultation services, connecting Winnipeg job-hunters with exceptional employers.

**Personal Information: PLEASE PRINT**

Have you used REES services before?  Yes  No When? \_\_\_\_\_

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

Agency Name: \_\_\_\_\_

For how long? How often? \_\_\_\_\_

What is the nature of your disability? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the primary barrier to employment mental health?  Yes  No

What accommodations would be required? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you require any special aids?  Yes  No If YES, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

Do you have reliable childcare?  Yes  No  Not applicable

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

Do you have a Learning Disability?  Yes  No If **YES**, please describe how it affects you? \_\_\_\_\_

\_\_\_\_\_

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

If **YES**, please describe your management plan: \_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies?  Yes  No Are they life threatening?  Yes  No

Do you carry an Epi-Pen?  Yes  No Have you ever experienced Anaphylaxis?  Yes  No

Please list any Allergies: \_\_\_\_\_  
\_\_\_\_\_

Would you be interested in continuing your education?  Yes  No  Maybe

If so, please indicate areas of interest: \_\_\_\_\_  
\_\_\_\_\_

Please indicate your work history – starting with the most recent:

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

Please indicate any volunteer work history – starting with the most recent:

1. Employer: \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Position held: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Position held: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Please list the top 3 jobs you would be interested in:** \_\_\_\_\_

**How did you hear about REES?**  Counselor  Friend/Family  Internet/Website  Newspaper/TV

Other (include agency names): \_\_\_\_\_

**\*\*\*Please note that this document must be signed in person at the intake meeting.\*\*\***

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**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. We do **not** sell, trade or barter our mailing lists. Please contact 204-832-7337 ext. 221 if you no longer wish to be contacted in any way.