

## **Application Form for REES Services**

Reaching E-Quality Employment Services (REES) has helped people with 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**

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

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

Phone Number: \_\_\_\_\_

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

Are you a Canadian Citizen or Permanent Resident? ☐ Yes ☐ No

- If NO, are you legally entitled to work in Canada? ☐ Yes ☐ No
- If YES, please include the date of Work Permit expiry:  
\_\_\_\_\_

Are you currently receiving Employment Insurance (EI)? ☐ Yes ☐ No

Are you currently receiving Employment and Income Assistance Insurance (EIA)? ☐ Yes ☐ No

Are you currently receiving Manitoba Supports for Persons with Disabilities (MSPD)? ☐ Yes ☐ No

Are you currently receiving Canada Pension Plan Disability Benefits (CPP-D)? ☐ Yes ☐ No

If none of the above, what is your current source of income?

\_\_\_\_\_ Have you used REES services before? ☐ Yes ☐ No If yes,

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 and/or neurodivergence? ☐ Yes ☐ No

What accommodation(s), if any, would be required? \_\_\_\_\_

Do you require any special aids? (Examples: Visual, Hearing, Ergonomic) ☐ 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

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**, describe: \_\_\_\_\_

Have you ever experienced a seizure? ☐ Yes ☐ No

If **YES**, 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

List any Allergies: \_\_\_\_\_

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

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

When did you last work and what type of work were you doing? Indicate start and end dates: \_\_\_\_\_

What is your current level of education?

Do you have any certifications? ☐ Yes ☐ No

If so, please indicate (including if any certifications require renewal): \_\_\_\_\_

What level of computer skills do you have (example: typing speed, email (Outlook), Microsoft Office Suite including Excel, PowerPoint, Word, Publisher)? \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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.