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## **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
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?
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? 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?  \( \text{Yes} \) No If \( \text{YES} \), 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 <u>YES</u> , please describe how it affects you:				
Have you ever experienced a seizure? Yes No				
If <u>YES</u> , 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 where 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:	
Indicat	te any volunteer work history – sta	rting with the most recent:
1.		
		End date:
	Position held:	
	Duties:	
	Reason for leaving:	
2.	Employer:	
	Start date:	End date:
	Position held:	
	Duties:	
	Reason for leaving:	
List the	e top 3 jobs you would be intereste	ed in:
How di	id vou hear about REES? Counse	elor Friend/Family Internet/Website Newspaper/TV
	ner (include agency names):	
	er (merade agency names).	
***Ple	ease note that this document must	t be signed in person at the intake meeting. ***
Print N	Name:	
Signati	ure:	
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.