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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: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you a Canadian Citizen or Permanent Resident?  Yes  No

- If NO, are you legally entitled to work in Canada?  Yes  No
- If YES, at your intake meeting will be asked to provide you Social Insurance Number and expiry date of your work permit. **Do not** include this information if you are emailing this form.

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

Other current sources 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 If yes, 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.

