



A Division of the Rehabilitation Society of Southwestern Alberta
416 – 8 Street South Lethbridge AB T1J 2J7 Phone: 403-317-4550 Fax: 403-317-4552

APPLICATION FOR JOBLINKS SERVICES

***All information in this package will remain confidential unless otherwise requested by the client or guardian.**

GENERAL INFORMATION

Date Medical Profile Complete: _____

Staff Signature: _____

Are you using any “street drugs”? **YES** **NO**

Have you used them in the past 2 months? **YES** **NO**

If yes, how often do you use them? _____

Do you have any past or current addictions? If yes, please explain to what and when:

Do you have a criminal record for which you have not been pardoned? If yes, please list the nature of the charge and the year: _____

Please describe your current living situation and list the people who give you support (Service Providers, Family, etc.) _____

What is your main source of income? _____

FUNDING INFORMATION

- Are you on Medical Employment Insurance (EI)? _____
- Do you currently have an Employment Insurance (EI) Claim established? _____
- Have you recently applied or plan to apply for EI Benefits? _____
- Have you received EI Benefits in the last 3 years? _____
- Have you received Maternity or Parental Benefits in the last 5 years? _____
- Do you receive Persons with Developmental Disability (PDD) funding? _____
- Have you received Services from either JobLinks or The Rehabilitation Society in the past? _____
- Have you had a WCB claim within the last 6 months? _____

If yes, what was the claim for and are you still on this funding?

- **If these do not apply, how are you currently supporting yourself?**

Have you been hospitalized in the last six months? If yes, what was the reason for the hospitalization?

EMPLOYMENT INFORMATION

**Please list: (a) your 3 previous employers, (b) how long you maintained the job, and
(c) your reason for leaving.**

- 1. _____

- 2. _____

- 3. _____

What type of work are you interested in? _____

What days/hours are you available to work? _____

Do you have any volunteer experience? YES NO

If yes, please list and describe your duties/tasks: _____

EDUCATION AND TRAINING HISTORY

What is your highest level of education? _____

Name of School/Program: _____

Do you have a valid driver's license or graduated driver's license (GDL)? _____

If not, what is your source of transportation (i.e. public transit, taxi)?

Please list courses or professional development activities you have attended and/or have completed (i.e. forklift training, Class 1 or 3 Driver's license, First Aid, CPR, WHMIS, Computer training, Childcare Certificate.):

1. _____
2. _____
3. _____
4. _____
5. _____

SKILLS AND ABILITIES

Please circle the level of knowledge/ability you feel you have for each of the following skill areas:

		None	Very little	Average	Above Average	Excellent
1	Typing	1	2	3	4	5
2	Reading	1	2	3	4	5
3	Internet	1	2	3	4	5
4	Writing	1	2	3	4	5
5	Math	1	2	3	4	5
6	Communication	1	2	3	4	5
7	Speaking	1	2	3	4	5
8	Physical Strength	1	2	3	4	5
9	Endurance	1	2	3	4	5
10	Using Tools	1	2	3	4	5
11	Technical Skills	1	2	3	4	5
12	Equipment Operation	1	2	3	4	5
13	Problem Solving	1	2	3	4	5
14	Mechanical	1	2	3	4	5
15	Creativity/Arts	1	2	3	4	5

Please list skills you are interested in learning/using in a job:

HOW CAN JOBLINKS HELP?

Please check off areas that will assist JobLinks Employment Centre.

- Job Search Techniques
- Resume Development
- Communication
- Other _____
- Job Maintenance
- Self/Esteem/Confidence
- Interview Skills

EMERGENCY CONTACT INFORMATION

Name: _____ Name: _____
Phone Number: _____ Phone Number: _____
Relationship: _____ Relationship: _____

Applicant Signature	Name (print)	Date
_____	_____	_____
JobLinks Signature	Title	Date
_____	_____	_____
Guardian Signature	Name (print)	Date
_____	_____	_____

Rehabilitation Society of Southwestern Alberta

**And
JobLinks Employment Centre**

Release of Information

***Purpose:** To allow Rehabilitation Society staff to contact and receive personal information from significant others, medical professionals, therapists, and any agencies currently involved with the individual.*

I, _____ hereby authorize the Rehabilitation Society of Southwestern Alberta and/or Joblinks Employment Centre to obtain and / or release information concerning _____ between the listed agencies and professionals. This information will relate directly to and is necessary for the operation and activities provided by the program.

AGENCY/PROFESSIONAL

Dr.: _____

Therapist: _____

Guardian: _____

Parent: _____

Other: _____

Potential Employer: _____
Your initials

Date: _____

Signature of Legal Guardian: _____

Signature of Individual: _____

Witness: _____

***Note:** This release is valid for the period stated below (one year preferably):*

_____, 20__ to _____, 20__