

Job Referral Service (JRS) Registration for Work

Registration: New Registration Registration Renewal Your Reference # _____

Project You must select at least one project and review the applicable **Notice and Consent** form. Please complete and return all the required forms for the project you have selected.

<input type="checkbox"/> Wuskwatim	<input type="checkbox"/> Red River Floodway Expansion Project
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Account Information

Questions with an * require an answer.

*SIN: _____	* Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> French
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*First Name: _____	Middle Name: _____
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*Last Name: _____	Also Known As: _____
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Please indicate below how you would like to receive information from the Job Referral Service (JRS). If you have chosen E-mail, please provide your E-mail address.

***Receive Notifications By:** Fax Mail E-Mail **E-Mail Address:** _____

Please indicate below if you would like to receive additional information about the JRS. This information is general and not specific to your registration.

Additional Information: Yes No

Account Information – Optional

Providing this information is **VOLUNTARY**. The sole purpose for collection of the Date of Birth is for statistical analysis. Please note that Employers will **not** receive this information nor will it be used for referring job seekers to job opportunities.

Date of Birth: _____

Contact Information - Primary Residence Specific project agreements outline hiring considerations based on where the person lives. Please provide your home address, e.g. house number, rural route, etc. Please do not use a post office box number.

*Address: _____							
*City: _____	*Province: _____						
*Country: _____	*Postal Code: _____						
<i>*Please indicate the phone numbers you wish to be contacted for employment opportunities. The phone number does not have to be your home phone number. It should be a phone number where a message can be left for you to return the call as soon as possible.</i>							
Phone 1:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	<input type="checkbox"/> Other	<input type="checkbox"/> Pager	()	Ext.
Phone 2:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	<input type="checkbox"/> Other	<input type="checkbox"/> Pager	()	Ext.
Phone 3:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	<input type="checkbox"/> Other	<input type="checkbox"/> Pager	()	Ext.
Fax :	()		Ext.				

Contact Information - Mailing Address - Check if same as Primary Address

*Address: _____							
*City: _____	*Province: _____						
*Country: _____	*Postal Code: _____						
<i>*Please indicate the phone numbers you wish to be contacted for employment opportunities. The phone number does not have to be your home phone number. It should be a phone number where a message can be left for you to return the call as soon as possible.</i>							
Phone 1:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	<input type="checkbox"/> Other	<input type="checkbox"/> Pager	()	Ext.
Phone 2:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	<input type="checkbox"/> Other	<input type="checkbox"/> Pager	()	Ext.
Phone 3:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	<input type="checkbox"/> Other	<input type="checkbox"/> Pager	()	Ext.
Fax :	()		Ext.				

For Office Use Only:	
Union	Registration submitted by : <input type="checkbox"/> Applicant OR <input type="checkbox"/> _____ Information received <input type="checkbox"/> In Person <input type="checkbox"/> Mail/Fax <input type="checkbox"/> Telephone Collected by: _____
Job Order No.	Received Date: _____ _____ Comments: _____