

Job Referral Service (JRS)

Registration Documents for Verification

Please indicate: New Registration Registration Renewal Your Reference # _____

Name _____ SIN _____

To be considered for employment, you will be required to provide evidence of your qualifications specific to each skills profile. None of the documents will be shared with employers. Please provide only photocopies of your credentials for verification purposes.

Please complete applicable sections. Indicate how you will provide required documents to JRS. Questions with an * require an answer.

| | |
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| Trade <i>If you have any questions regarding your apprenticeship level/registration number, please contact Manitoba Apprenticeship.</i> | |
| * Trade Name: _____ | |
| <input type="checkbox"/> Trade or Journeyman Certification <input type="checkbox"/> Red Seal Certification | |
| * Apprenticeship Level: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th | |
| * Send by: <input type="checkbox"/> Attached <input type="checkbox"/> Mail <input type="checkbox"/> Fax | |
| Driver's Licence <i>Only provide required information from your driver's licence, i.e. name, class and expiry date (Part 2 of the licence).</i> | |
| * Class/Type: <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 or D <input type="checkbox"/> 2 or B or C <input type="checkbox"/> 1 or A <input type="checkbox"/> Ambulance | |
| * Licence No.: _____ | * Expiry Date: _____ |
| * Send by: <input type="checkbox"/> Attached <input type="checkbox"/> Mail <input type="checkbox"/> Fax | |
| Other Licenses, Certificates, Courses | |
| * Name: _____ | |
| Expiry Date: _____ | Licence or Certificate No.: _____ |
| * Send by: <input type="checkbox"/> Attached <input type="checkbox"/> Mail <input type="checkbox"/> Fax | |
| * Name: _____ | |
| Expiry Date: _____ | Licence or Certificate No.: _____ |
| * Send by: <input type="checkbox"/> Attached <input type="checkbox"/> Mail <input type="checkbox"/> Fax | |
| * Name: _____ | |
| Expiry Date: _____ | Licence or Certificate No.: _____ |
| * Send by: <input type="checkbox"/> Attached <input type="checkbox"/> Mail <input type="checkbox"/> Fax | |
| * Name: _____ | |
| Expiry Date: _____ | Licence or Certificate No.: _____ |
| * Send by: <input type="checkbox"/> Attached <input type="checkbox"/> Mail <input type="checkbox"/> Fax | |
| * Name: _____ | |
| Expiry Date: _____ | Licence or Certificate No.: _____ |
| * Send by: <input type="checkbox"/> Attached <input type="checkbox"/> Mail <input type="checkbox"/> Fax | |