

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"/> Keeyask	<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
*First Name: _____	Middle Name: _____
*Last Name: _____	Also Known As: _____
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: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____
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: _____