

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. The main purpose of this form is to explain how the Job Referral Service (JRS) will collect, use and disclose your personal information. If you have any questions or concerns, please contact the JRS by email jobreferralservice@gov.mb.ca or by phone at 204-677-6544 or 1-866-332-5077 (toll free in Manitoba only). Please complete and return all the required forms for the project you have selected.

<input type="checkbox"/> Keeyask	<input type="checkbox"/> Keewatihohk
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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 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

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 within 24 hours.</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.

Union Member Pre-registration

Pre-registration is for union members who have been instructed by their union to register in this manner. **If this indicator is selected, your registration will not be active for referral to other employment opportunities.** Only select this indicator if your union has advised you to do so.

To be considered for employment, you will be required to provide evidence of your qualifications specific to each skills profile. Please provide only **photocopies** of your credentials for verification purposes.

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: _____