



SERVICE LINKS CANADA INC.

ASSESSMENT FOR QUEBEC SKILLED WORKERS

FOR APPLICANTS QUALIFYING ON THE BASIC OF THEIR EDUCATIONAL BACKGROUND AND PROFESSIONAL EXPERTISE.

IF YOU HAVE ANY TECHNICAL PROBLEMS WITH THIS FORM, YOU MAY CONTACT US DIRECTLY AT: INFO@SERVICELINKS.CA

DATE:

1) PERSONAL INFORMATION	
FIRST NAME	LAST NAME
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EMAIL ADDRESS	
TELEPHONE NUMBER	
FAX NUMBER	
CURRENT ADDRESS	
POSTAL CODE	
2) KEY FACTORS	
AGE	
EDUCATION	
EDUCATION LEVEL	<input type="checkbox"/> DOCTORATE / MASTER DEGREE <input type="checkbox"/> BACHELOR DEGREE INVOLVING EQUIVALENT OF A LEAST 3 YEARS FULL TIME STUDIES <input type="checkbox"/> 3-YEARS EQUIVALENT FULL TIME STUDIES / TRAINING LEADING TO A DIPLOMA, TRADE CERT. OR APPRENTICESHIP <input type="checkbox"/> 2-YEARS EQUIVALENT FULL TIME STUDIES / TRAINING LEADING TO A DIPLOMA <input type="checkbox"/> 1- YEARS EQUIVALENT FULL TIME STUDIES / TRAINING LEADING TO A DIPLOMA <input type="checkbox"/> HIGH SCHOOL
MAJOR	
COMPLETE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IN PROGRESS
YEAR OF COMPLETION	

CANADA: Unit 207-B, 2099 Lougheed Hwy, Shaughnessy Square, Port Coquitlam, British Columbia V3B 1A8

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THAILAND: Unit 116, 973 President Tower, 10th Floor, Ploenchit Road, Lumpini, Pratumwan, Bangkok 10330

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CURRENT OCCUPATION									
YEARS OF EXPERIENCE									
PREVIOUS OCCUPATION									
YEARS OF EXPERIENCE									
IF YOUR OCCUPATION IS NOT LISTED, PLEASE PROVIDE DETAILS:									
APPLICANT JOB OFFER	<input type="checkbox"/> Yes <input type="checkbox"/> No								
OCCUPATION									
STAY IN QUEBEC HAVE YOU EVER STAYED IN PROVINCE OF QUEBEC FOR MOR THAN TWO WEEKS? IF SO, PLEASE EXPLAIN THE DETAIL. (PERIOD, PURPOSE OF STAY)									
RELATIVE IN CANADA	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> NO, I DONT</td> <td><input type="checkbox"/> BROTHER</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> AUNT</td> </tr> <tr> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NEPHEW</td> </tr> <tr> <td><input type="checkbox"/> PARENT</td> <td><input type="checkbox"/> GRANDPARENT</td> </tr> </table> <p>DO YOU OR YOUR PARTNER HAVE A RELATIVE WHO IS A CANADIAN CITIZEN OR A PERMANENT RESIDENT KIVING IN CANADA? IF YOU DO, IN WHICH PROVINCE DOES THE RELATIVE CURRENTLY LIVE?</p>	<input type="checkbox"/> NO, I DONT	<input type="checkbox"/> BROTHER	<input type="checkbox"/> UNCLE	<input type="checkbox"/> AUNT	<input type="checkbox"/> NIECE	<input type="checkbox"/> NEPHEW	<input type="checkbox"/> PARENT	<input type="checkbox"/> GRANDPARENT
<input type="checkbox"/> NO, I DONT	<input type="checkbox"/> BROTHER								
<input type="checkbox"/> UNCLE	<input type="checkbox"/> AUNT								
<input type="checkbox"/> NIECE	<input type="checkbox"/> NEPHEW								
<input type="checkbox"/> PARENT	<input type="checkbox"/> GRANDPARENT								



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<p>HEALTH</p> <p>DO YOU, YOUR PARTNER OR CHILDREN HAVE ANY SERIOUS PHYSICAL OR MENTAL PROBLEM? IF SO, PLEASE EXPLAIN THE DETAIL:</p>	
<p>CRIMINAL RECORD</p> <p>HAVE YOU, YOUR PARTNER OR CHILDREN EVER BEEN CONVICTED OR ARE CURRENTLY CHARGED WITH ANY CRIME OR OFFENSE IN ANY COUNTRY? IF SO, PLEASE EXPLAIN THE DETAIL:</p>	
<p>VISA REFUSAL</p> <p>HAVE YOU, YOUR PARTNER OR CHILDREN EVER BEEN REFUSED PERMANENT OR TEMPORARY RESIDENT STATUS (VISITOR VISA, STUDY PERMIT, WORK PERMIT) OF CANADA? IF SO, PLEASE EXPLAIN THE DETAIL:</p>	
<p>INADMISSIBILITY</p> <p>HAVE YOU, YOUR PARTNER OR CHILDREN EVER BEEN REFUSED ADMISSION TO CANADA, OR ORDERED TO LEAVE CANADA? IF SO, PLEASE EXPLAIN THE DETAIL:</p>	
<p>3) OFFICIAL LANGUAGES</p>	<p>PLEASE INDICATE YOUR ABILITIES IN BOTH THE ENGLISH AND FRENCH LANGUAGES, AS FOLLOWS:</p>
<p>FLUENT:</p>	<p>VERY GOOD COMMAND OF THE LANGUAGE IN A RANGE OF SOCIAL AND WORK SITUATIONS, AND NO DIFFICULTY COMMUNICATING IN PROFESSIONAL CAPACITY</p>
<p>WELL:</p>	<p>CAN COMMUNICATE REASONABLY WELL ABOUT PERSONAL AND FAMILIAR THINGS</p>
<p>WITH DIFFICULTY</p>	<p>COMMAND OF JUST A FEW BASIC WORDS</p>
<p>ENGLISH</p>	<p>READING:</p> <p>WRITING:</p> <p>SPEAKING:</p> <p>LISTENING:</p>



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FRENCH	READING: WRITING: SPEAKING: LISTENING:
4) APPLICANT'S SPOUSE	
MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> ENGAGED <input type="checkbox"/> COMMON LAW
EDUCATION LEVEL	<input type="checkbox"/> MASTER DEGREE OR PH.D <input type="checkbox"/> BACHELOR DEGREE OR THREE YEARS DIPLOMA <input type="checkbox"/> ONE - TWO YEARS POST- SECONDARY EDUCATION <input type="checkbox"/> NONE OF ABOVE
OCCUPATION	
YEAR OF EXPERIENCE	
NUMBER OF CHILDREN	
CHILDREN AGE	
5) ADDITIONAL INFORMATION	



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IF YOU WISH TO SUBMIT YOUR RESUME

IF YOU WISH TO SUBMIT YOUR SPOUSE'S RESUME

USE THIS TEXT FIELD FOR ADDITIONAL INFORMATION

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