



SERVICE LINKS CANADA INC.

## ASSESSMENT FOR CANADIAN EXPERIENCE CLASS

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](mailto:INFO@SERVICELINKS.CA)

DATE:

<b>1) PERSONAL INFORMATION</b>	
FIRST NAME	LAST NAME
DATE OF BIRTH (DD/MM/YYYY)	
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
HAVE CHILDREN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
AGE OF CHILDREN	
NATIONALITY (CITIZENSHIP)	
<b>2) CONTACTING INFORMATION</b>	
EMAIL ADDRESS	
PHONE NUMBER	
ADDRESS IN CANADA	
<b>3) CANADIAN EDUCATION</b>	

CANADA: Unit B 209-2099 Lougheed Hwy, Shaughnessy Square, Port Coquitlam, British Columbia V3B 1A8

t +1 604.944.7912 f +1 604.944.7913

THAILAND: Unit 9/39 Hue Sukhumvit, 3rd Floor, Sukhumvit 62/3, Bang Chak, Phra Khanong, Bangkok 10260

t +66 2 003 1450 f +1 604-299-2951

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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	
<b>4) CANADINA EMPLOYMENT HISTORY</b>	
CURRENT OCCUPATION	
YEARS OF EXPERIENCE	<input type="checkbox"/> < 1 YEAR <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS <input type="checkbox"/> 4 YEARS+
PREVIOUS OCCUPATION	
YEARS OF EXPERIENCE	<input type="checkbox"/> < 1 YEAR <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS <input type="checkbox"/> 4 YEARS+
<b>5) OFFICIAL LANGUAGES</b>	PLEASE INDICATE YOUR ABILITIES IN BOTH THE ENGLISH AND FRENCH LANGUAGES, AS FOLLOWS:
FLUENT:	VERY GOOD COMMAND OF THE LANGUAGE IN A RANGE OF SOCIAL AND WORK SITUATIONS, AND NO DIFFICULTY COMMUNICATING IN PROFESSIONAL CAPACITY
WELL:	CAN COMMUNICATE REASONABLY WELL ABOUT PERSONAL AND FAMILIAR THINGS

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WITH DIFFICULTY	COMMAND OF JUST A FEW BASIC WORDS
ENGLISH	READING: WRITING: SPEAKING: LISTENING:
FRENCH	READING: WRITING: SPEAKING: LISTENING:
<b>6) ADAPTABILITY</b>	
DO YOU HAVE POLICE RECORD?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:
DO YOU HAVE A PHYSICAL OR MENTAL MEDICAL CONDITION?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:
IF YOU HAVE LEFT CANADA RECENTLY AFTER STUDYING OR WORKING IN CANADA, PLEASE GIVE US FULL DETAILS OF WHEN YOU FINISHED YOUR SCHOOL OR WORK, WHEN YOU LEFT CANADA, AND WHERE YOU LIVE NOW	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:

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<p><b>7) ADDITIONAL INFORMATION</b></p> <p>USE THIS SPEACE FOR ADDITIONAL COMMENTS OR QUESTIONS PERTAINING TO THIS CASE.</p>	