



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

DATE:

1) PERSONAL INFORMATION	
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)	
2) CONTACTING INFORMATION	
EMAIL ADDRESS	
PHONE NUMBER	
ADDRESS IN CANADA	
3) CANADIAN EDUCATION	

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

t +1 604.944.7912 f +1 604.944.7913

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

t +66 2 656 1543 f +66 2 656 1544

e info@servicelinks.ca



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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	
4) CANADINA EMPLOYMENT HISTORY	
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+
5) OFFICIAL LANGUAGES	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
WITH DIFFICULTY	COMMAND OF JUST A FEW BASIC WORDS



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ENGLISH	READING: WRITING: SPEAKING: LISTENING:
FRENCH	READING: WRITING: SPEAKING: LISTENING:
6) ADAPTABILITY	
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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7) ADDITIONAL INFORMATION

USE THIS SPEACE FOR ADDITIONAL
COMMENTS OR QUESTIONS
PERTAINING TO THIS CASE.

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