



SERVICE LINKS CANADA INC.

ASSESSMENT FOR EXPRESS ENTRY PR FOR SKILLED WORKER

IF YOU HAVE AND TECHNICAL PROBLEMS WITH THIS FORM, YOU MAY CONTACT US DIRECTLY
AT: info@servicelinks.ca

DATE:

SECTION A: APPLICANT	
LAST NAME	FIRST NAME:
EMAIL	PHONE:
AGE	GENDER:
DATE OF BIRTH (DD/MM/YYYY)	
COUNTRY OF CITIZENSHIP	CITY AND COUNTRY WHERE YOU ARE CURRENTLY RESIDING:
CURRENT MAILING ADDRESS	
PERMANENT MAILING ADDRESS	
MARITAL STATUS	
2) DO YOU OR YOUR SPOUSE HAVE RELATIVES IN CANADA?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE DETAIL: NAME: RELATIONSHIP: COUNTRY: ADDRESS: STATUS IN CANADA:
3) RESUME	UPLOAD OR COMPLETE SECTION 4) AND 5)

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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4) 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	
NAME OF INSTUTIONS	
COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO FROM (MM/YYYY): TO(MM/YYYY):
YEAR OF COMPLETION	
5) DO YOU HAVE EXPERIENCE /EDUCATION/DIPLOMA IN GROUP O,A & B OCCUPATIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES - PLEASE ENCLOSED COPY OF YOUR EVALUATION IF YES,
NUMBER OF YEAR	
6) DO YOU HAVE EXPERIENCE /EDUCATION/DIPLOMA IN GROUP C & D OCCUPATIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES - PLEASE ENCLOSED COPY OF YOUR EVALUATION IF YES,
NUMBER OF YEAR	
7) WORK EXPERIENCE YOU MAY SKIP THIS SECTION IF YOU UPLOADED YOUR RESUME IN SECTION 3) LIST YOUR WORK EXPERINCE ALONG WITH DETAILS OF POSITION, RESPONSABILITIES ETC	



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8) 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
ENGLISH	READING: WRITING: SPEAKING:
9) DO YOU HAVE IELTS / CEPIP TEST RESULT?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES - PLEASE ENCLOSED THE COPY OF TEST RESULT
10) CANADIAN EMPLOYER	IDENTITY OF CANADIAN BUSINESS OR EMPLOYER, OR INTENDED BUSINESS ACTIVITY.
NAME OF CANADIAN BUSINESS OR EMPLOYER MAKING THE OFFER TO THE PERSON IDENTIFIED IN SECTION 2 ABOVE	
CITY, PROVINCE	
POSITION OFFERED TO FOREIGN WORKER	
DUTIES OF POSITION BEING OFFERED PLEASE PROVIDE A SYNOPSIS OF THE EXPECTED DUTIES FOR THIS POSITION; IF NO OFFER EXISTS FROM A CANADIAN BUSINESS OR EMPLOYER, PLEASE DETAIL THE NATURE OF YOUR INTENDED BUSINESS VISIT	
WILL THE FOREIGN INDIVIDUAL BE TRANSFERRED FROM A FOREIGN ENTERPRISE TO A CANADIAN BRANCH, AFFILIATE, PARENT OR SUBSIDIARY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11) DID YOU OR YOUR SPOUSE EVER COMPLETE ONE YEAR OR MORE FULL-TIME WORK EXPERIENCE IN CANADA, WITH AN	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE THE INFORMATION BELOW; NAME OF EMPLOYER:



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EMPLOYMENT AUTHORIZATION?	FROM (DD/MM/YYYY): TO (DD/MM/YYYY): ADDRESS: TELEPHONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
12) DID YOU OR YOUR SPOUSE HAVE AEO (ARRANGED EMPLOYMENT) IN CANADA APPROVED BY EMPLOYEMNT AND SOCIAL DEVELOPMENT CANADA?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE THE INFORMATION BELOW; NAME OF EMPLOYER: FROM (DD/MM/YYYY): TO (DD/MM/YYYY): ADDRESS: TELEPHONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
13) HAVE YOU EVER OWNED AND OPERATED YOUR OWN BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE COMPLETE BUSINESS PROFILE
14) CURRENT MONTHLY SALARY	
15) MONTHLY INCOME FROM	
16) NET WORTH INCOME	
17) DO YOU OR ANY OF YOUR DEPENDENTS (I.E. SPOUSE AND CHILDREN) HAVE ANY SERIOUS MEDICAL PROBLEM?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE NAME OF THE PERRSON AND GIVE BRIEF DETAILS:
18) PLEASE MENTION IF YOU HAVE BEEN AWARDED FOR ANY EACEPTIONAL OR SIGNIFICANT ACHIEVEMENT IN YOUR OWN FIELD OR OTHERWISE (NATIONALLY OR INTERNATIONALLY)	

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19) IS ANY CRIMINAL/CIVIL/POLIC COMPLAINT CASE PENDING AGAINST YOU OR YOUR SPOUSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
SECTION B: SPOUSE	
TITLE	<input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> MRS.
LAST NAME	FIRST NAME:
AGE	GENDER:
DATE OF BIRTH	
CITIZEN OF	
1) EDUCATION	
SPOUSE 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	
NAME OF INSTUTIONS	
COMPLETED	<input type="checkbox"/> YES <input type="checkbox"/> NO FROM (MM/YYYY): TO(MM/YYYY):
YEAR OF COMPLETION	
2) DO YOU HAVE EXPERIENCE /EDUCATION/DIPLOMA IN GROUP O, A & B OCCUPATIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES - PLEASE ENCLOSED COPY OF YOUR EVALUATION IF YES,
NUMBER OF YEAR	
3) DO YOU HAVE EXPERIENCE /EDUCATION/DIPLOMA IN GROUP C & D OCCUPATIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES - PLEASE ENCLOSED COPY OF YOUR EVALUATION IF YES,

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NUMBER OF YEAR	
4) WORK EXPERIENCE LIST YOUR SPOUSE WORK EXPERIENCE ALONG WITH DETAILS OF POSITION, RESPONSABILITIES ETC	FROM (DD/MM/YYYY): _____ TO(DD?MM/YYYY): _____ NAME OF EMPLOYER: POSITION: RESPONSIBILITY:
5) OFFICIAL LANGUAGES	PLEASE INDICATE YOUR ABILITIES IN BOTH THE ENGLISH AND FRENCH LANGUAGES, AS FOLLOWS:
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WITH DIFFICULTY	COMMAND OF JUST A FEW BASIC WORDS
ENGLISH	READING: WRITING: SPEAKING:
6) DO YOU HAVE IELTS/CELP TEST RESULT?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES - PLEASE ENCLOSED THE COPY OF TEST RESULT
SECTION C: CHILD INFORMATION	
CHILD 1	LAST NAME: _____ GIVEN NAME: _____ DATE OF BIRTH (DD/MM/YYYY): _____
CHILD 2	LAST NAME: _____ GIVEN NAME: _____ DATE OF BIRTH (DD/MM/YYYY): _____
CHILD 3	LAST NAME: _____ GIVEN NAME: _____ DATE OF BIRTH (DD/MM/YYYY): _____