

Mino Bimaadiziwin Application Checklist (AMT)

Application Deadline: Fri Jul 6th, 2018 File # _____

Your complete application **must** include the:

- Client Registration Form
- Request for Disclosure of EI Eligibility
- Consent to the Release Information
- Photograph Release Consent
- Mino Bimaadiziwin Application

and, these items

- Career Research
 - Career Essay
 - Cover letter and Resume
 - High-school diploma and school transcript with Grade 12 (C/U) level English (C/U) Level, GED, PLAR, Mature Student Test or ACE
- Recommended courses include: Grade 12 (C/U) level Math and Grade 11 Physics
- Status card (photocopy)

Citizens (on and off-reserve) of these communities may contact:

Joni Michano, Project Officer

- Biigtigong Nishnaabeg,
- Michipicoten First Nation,
- Pays Plat First Nation,
- Pic Moberg First Nation.

Bonnie Cordone, Project Officer

- Animbiigoo Zaagi'igan Anishinaabek,
- Biinjitiwaabik Zaaging Anishinaabek,
- Bingwi Neyaashi Anishinaabek,
- KiashkiZaaging Anishinaabek,
- Red Rock Indian Band



Anishinabek Employment and Training Services
 277 Park Ave
 Thunder Bay, Ontario
 P7B 1C4

CLIENT INFORMATION

PROTECTED WHEN COMPLETED

OFFICIAL USE
FILE NUMBER:
FIRST NATION ALLOCATION:
INTERVENTION:

Social Insurance Number		SOURCE OF		
Last Name	Maiden Name (if applicable)			
First Name		HRDC FILE #:		
Address				
City / Town	Province		Postal Code	
Home phone:		AGE:		
Cell Phone:				
Email Address		YOUTH:		
Date of Birth (dd/mm/yr)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Female			
Indigenous Group: <input type="checkbox"/> Registered <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit		Intervention Code:		
Name of Band	Do you live on reserve?			
Band #	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you consider yourself to be a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Specify: _____		PRIOR NOCS:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married or Equivalent <input type="checkbox"/> Widowed				
Number of children (living with you)				
Language(s) Spoken: <input type="checkbox"/> English <input type="checkbox"/> Ojibway <input type="checkbox"/> French <input type="checkbox"/> Other, (Please specify) _____				
Education : (Choose all that apply) <input type="checkbox"/> No formal education <input type="checkbox"/> Up to Grade 7-8 <input type="checkbox"/> Grade 9-10 <input type="checkbox"/> Grade 11 or 12 incomplete <input type="checkbox"/> Secondary School Diploma/GED <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> Apprenticeship/trades certificate or diploma <input type="checkbox"/> College, CEGEP, or other non-university certificate or diploma <input type="checkbox"/> Univeristiy Certificate or diploma <input type="checkbox"/> Univesity - Bachelor Degree <input type="checkbox"/> University - Masters Degree <input type="checkbox"/> Univesity - Doctorate		Duration in Days:		
TRADES (including Heavy Equipment)				
Trade	Level/Red Seal		Specialization	Years Experience
1				
2				
3				
CERTIICATES (ie First Aid/WHMIS/Fall Arrest/Chainsaw/Customer Service/Food Safety)		Intervention NOC:		
Certification	Level		Registrar	Expiry Date
1				
2				
3				
4				
5				
LICENCES		C/P:		
Class	Number		Province	Expiry Date
Do you have reliable transporation? <input type="checkbox"/> YES <input type="checkbox"/> NO				

TRADITIONAL/CULTURAL SKILLS: (ie. Trapping, hunting, fishing, beading, painting, carving, woodworking, drumming, dancing, elder, ceremonial, story telling, writing)

EMPLOYMENT HISTORY Starting from most recent work experience, please list employment history:

Employer	Job Title	Dates	Reason for leaving
1			
2			
3			
4			

Are you ready, willing and available for work/training? Yes No

If yes, what type of employment?

Full Time Part time Seasonal Self-employment

Are you willing to relocate? Yes No

Working shiftwork? Yes No

Hourly Wage Expectation? min wage min wage - \$20 Over \$20

Clean Criminal Record? Yes No Not sure

Valid Passport? Yes, Expiry Date _____ No

Volunteer Work: (include Board or Councils)

Computer/Technology Skills:

Microsoft Word Microsoft Excel Powerpoint Email/Internet Search
 Office Phone Systems GIS

Other: _____

Physical Capabilities:

Sitting Standing Lift over 50 lbs walking outdoor work

Is childcare needed? Yes No

Is childcare funded

Not applicable; FNICCI;
 Provincial funding or subsidy; No funding received;
 Daycare space not available; Assisted by family/self-funded

Source of income:

Employment Status

Employed Underemployed (less than 20 hrs/wk) Unemployed Self-Employed

Ontario Works Recipient Recipient: Yes No

Employment Insurance (EI) Benefits

EI Claimant > Gross Weekly Rate _____ Number of weeks entitles _____
 Reach-Back Client (on EI in the last 3 years or on Special Benefits in the last 5 years)
 None Other _____

Barriers to Employment - Check all that apply

None Lack of Labour Force Attachment
 Remoteness Lack of Work Experience
 Language Lack of Transportation
 Education Lack of Marketable Skills
 Economic Physical Emotional or Mental Health
 Dependent Care Other (specify): _____

COMPLETE IF ON AN AETS FUNDED INTERVENTION

Start Date August, 2018 End Date: April, 2020

What is the title of the skill or occupation for which you are being trained?

Resp Staff:
PO EC PC

Under the Privacy Act the personal information collected on this form may be accessed by the participant. The information is kept on file at the AETS office.

Signature of Participant:

Date

Anishinabek Employment and Training Services

S.I.N: _____

REQUEST FOR DISCLOSURE OF EI PROGRAM ELIGIBILITY

I, _____ do hereby consent to the disclosure of
(Name of individual)

and/or use of personal information dealing with current & dormant Employment Insurance

Claims only for the purpose of establishing eligibility for EI Supports and Measures.

For which purpose my personal information has been requested by and may be disclosed to:

Anishinabek Employment & Training Services, 277 Park Avenue, Thunder Bay, Ontario P7B 1C4

(Identity & Address of the Body or Person Authorized to Receive and/or use this information)

THIS SECTION COMPLETED BY HRDC ONLY:

- a) Current BPC c/w _____ Start Date: _____
Anticipated Expiry Date: _____ Benefit Rate: \$ _____ /Week
Date of First Week Benefits are Payable _____
Or
- b) Dormant BPC c/w _____ Date of Last Week Benefits Paid _____
(Reachback Client's who have Qualified for EI in Past 3 Years)
or
- c) Dormant Maternity/Paternal /Sick PBC c/w _____ Start Date: _____
(Reachback for Special Benefits Recipients Commencing Within the Past 5 Years)

Comments, if any: _____

SIGNATURE of Individual Giving Consent

Date

Address

Telephone Number

Verified by: _____ Date: _____

Anishinabek Employment and Training Services

HEAD OFFICE:
Ojibways of the Pic River First Nation
PO Box 193
Heron Bay, ON
P0T 1R0



BRANCH OFFICE
277 Park Ave
Thunder Bay, ON P7B 1C4
Phone: (807) 346-0307
Fax: (807) 346-0310
Email: aets@aets.org

CONSENT TO THE RELEASE OF INFORMATION

I, _____ consent to the release of information
Between any representative of the Anishinabek Employment and Training Services Local Delivery
Mechanism and representatives of the following agencies, with respect to my educational, training
Or employment-related activities:

1. Human Resources Development Canada
2. Union of Ontario Indians
3. Training Institution: _____
4. Social Services: _____
5. Other: _____
6. Other: _____

As sponsoring agent, we require any information in regards to course duration, attendance, academic performance, or any other information required by the Anishinabek Employment and Training Services. Any exchange of information will be held confidential between all parties noted above.

Dated, this _____ day of _____ 20 _____

SIGNATURE

WITNESS

Anishinabek Employment and Training Services

HEAD OFFICE:
Ojibways of the Pic River First Nation
General Delivery
Heron Bay, Ontario
P0T 1R0



BRANCH OFFICE:
277 Park Ave.
Thunder Bay, Ontario P7B 1C4
Phone: (807) 346-0307
Fax: (807) 346-0310
Email: aets@aets.org

Photograph Release Form

I the undersigned hereby grant to Anishinabek Employment and Training Services, the right to photograph me and to record my voice, performances, actions and appearances and to use my picture, photograph, silhouette and other reproductions of my physical likeness for use in annual and monthly reports, AETS web site and/or AETS advertising/promotion of program and services.

I agree that I will not assert or maintain against Anishinabek Employment and Training Services, any claim, action, suit or demand of any kind whatsoever, including but not limited to those grounded upon invasion of privacy, rights of publicity or other civil rights, or for any reason in connections with your authorized use of my physical likeness and sound.

I hereby certify that I am 18 years of age or over and have read the forgoing and fully understand the meaning and effect therefore.

PRINT NAME: _____ SIGNATURE: _____

ADDRESS: _____

DATED THIS _____ DAY OF _____ 20 _____

WITNESSED BY: (PRINT) _____ SIGNATURE: _____

Mino Bimaadiziwin Application Form (AMT)

Are you interested in a career as an Aircraft Maintenance Technician ? Please complete the following application form and submit to your Regional Officer for review.



The Information collected in this form will be kept confidential.

Full Name: _____ Date of Birth: _____

Mailing Address (if different from residence) _____
Street: _____
Town: _____
Postal Code: _____

Do you meet the requirements to enter this program? Yes No

If not, what upgrading would you require? _____

Are you willing to participate in a Skills Assessment Process?
(Reading, Numeracy, Document Use) Yes No

Are you interested in participating in a Life Skills Training Program? Yes No

What kind of family or community supports do you have? _____

As part of this program, would you participate in Indigenous cultural practices?
(eg. Smudging, Elder Support, Medicine Wheel)

Does your community have any scheduled special events that you attend? (Sports, Pow Wows)

Are you ready, willing and able to participate in the program every day? Yes No

If No, please explain. _____

Are you prepared for the mathematics courses in this program? Yes No

If not, how are you planning to make yourself ready for school?

Completing OSSD or Equivalent Taking Math/Physics courses Other: _____

Are you able to handle physical lifting, precision tools, and sitting for extended times? Yes No

Are you interested in solving practical puzzles and understanding technical instructions? Yes No

Do you enjoy answering questions in person and in writing? Yes No

Are you comfortable using ladders, kneeling, keeping balance and working outdoors? Yes No

Do you have good vision (close, distance, colour, peripheral and depth perception)? Yes No

Are you able to work with outside weather conditions and occasional loud noises? Yes No

Mino Bimaadiziwin Career Research Tool

Participant: _____

Date: _____

Describe the job outlook in your chosen career. (refer to www.jobbank.gc.ca)

From researching your chosen career (from jobbank ads, or websites), please identify the:

Wage/Salary range(s)	Usual Benefit(s)	Hours per week (estimate)
_____	_____	_____
Work Conditions	Uniform/Gear tools needed	
_____	_____	
What I'd like the least about this type of job is:	What I'd like the least about this type of job is:	The types of jobs open to experienced Workers are:
_____	_____	_____

Contact two (2) Employers (who do hire program graduates) or Workers (who have the career you've chosen) to find out more about the job market with these suggested questions:

Employer/Worker 1:	Employer/Worker 2:
Name: _____	Name : _____
Telephone#: () _____	Telephone#: () _____
1. Does this Employer hire workers with the skills that I'll learn in training?	
Yes / No	Yes / No
2. What qualifications are Employers looking for in these jobs?	
_____	_____
_____	_____
3. What is the Employer's opinion of the training offered by Confederation College?	
_____	_____
_____	_____
4. How/How often does the Employer advertise jobs in the field I want to train in?	
_____	_____
_____	_____