



AETS
Anishinabek Employment
and Training Services

HEAD OFFICE:

Biigtigong Nishnaabeg
73 Pic River Road
P.O. Box 193
Pic River, ON
P0T 1R0

BRANCH OFFICE:

(Mailing Address)
285 Red River Road
Lower Level
Thunder Bay, ON
P7B 1A9

Tel: (807) 346-0307

Fax: (807) 346-0310

Email: aets@aets.org

**Construction Craft Worker
Pre-Apprenticeship Training
Program
Application Checklist**

**Application Deadlines:
December 13 2021**

File # _____

Your complete application **must** include:

- AETS Client Information Form
- Pre-Apprentice Training Program Application
- Consent to the Release of Information
- Request for Disclosure of EI Eligibility
- Cover Letter and Resume
- High school diploma and or high school transcript verifying grade 10 math
- Status card (photocopy)

For more information about Anishinabek Employment and Training Services please contact our project coordinator:

Trevor Meawasige
PATP Project Coordinator
trevor.meawasige@aets.org





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Pre-Apprenticeship Training Program Application Form

Complete the following application form. Please note all information collected in this application form will be kept confidential. Completed forms can be submitted to PATP Project Coordinator for review.

Trevor Meawasige, PATP Project Coordinator
 trevor.meawasige@aets.org

Full Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Do you self-identify as an Aboriginal person? Yes No

Which First Nations community are you a member of? _____

Marital Status: _____ Number of Dependants: _____

What is your current source of income? _____

What is your highest level of education? _____

Do you have a driver's license? Yes No License Type: _____

Can you stand for long periods of time, carry and lift heavy materials? Yes No

Can you look at plans or blueprints and visualize how things come together? Yes No

Do you enjoy working with machinery and different kinds of tools? Yes No

Do you like to solve problems and suggest ways of fixing them? Yes No

Do you enjoy being physically active in an outdoor environment? Yes No

Can you work at heights or in confined spaces? Yes No

We would like to better understand why you are interested in the Pre-Apprenticeship Training Program. Use the space below to write a short essay of approximately 300 words to explain why you are applying for this program. Questions you could consider are:

- What has led you to apply for the Pre-Apprenticeship Training Program?
 - Why are you interested in the trades?
 - What do you hope to learn from this program?
 - How will this program improve your life?
 - How will you motivate yourself to participate and complete the program?
 - What goal(s) do you hope to achieve?
-

Your success in this program is very important to us. It is important that you respond honestly about any challenges that you may have so that we may help to facilitate supports to ensure your completion of the program. Please list any comments, questions or concerns below. Please note all information collected in this application form will be kept confidential.

Housing:

Do you have suitable and stable accommodations within the City of Thunder Bay? Yes No
If you answered yes, how long have you lived at your current address? _____

Transportation:

Do you have reliable transportation within the City of Thunder Bay for the duration of the course? Yes No
Do you have transportation to the City of Thunder Bay? Yes No

Funding:

You may be eligible for a training allowance while in training.

Do you have any concerns in this area? Yes No

Health & Accessibility:

Do you require additional supports because of health related issues? Yes No

Learning/Language

Do you have any challenges that may require additional support? Yes No

Personal Supports:

Do you have any concerns such as lack of support at home, challenges in the community etc.? Yes No

Other:

Any other comments, questions, concerns or required supports (mental, physical, spiritual, emotional):



PROTECTED WHEN COMPLETED

285 Red River Road
Thunder Bay, ON
P7B 1A9

CLIENT INFORMATION FORM

Social Insurance Number		Date of Birth (dd/mm/yyyy)	
Last Name		Middle Initial	First Name
Mailing Address			Postal Code
City/Town		Province	Home Phone
Email		Cell Phone	
Indigenous Group <input type="checkbox"/> Registered Indian <input type="checkbox"/> Metis <input type="checkbox"/> Non-status Indian <input type="checkbox"/> Inuit			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified			
Marital Status <input type="checkbox"/> Married or equivalent <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Number of dependent children <i>(living with you)</i>
Name of Band		Is child care needed? <input type="checkbox"/> yes <input type="checkbox"/> No	
Living on Reserve <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you consider your self to be a person with a disability <input type="checkbox"/> Yes <input type="checkbox"/> No	
Languages Spoken <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Ojibway <input type="checkbox"/> Other:			
Employed Status <i>at intake</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Student			NOC CODE:
Education Level <i>at intake</i>			
<input type="checkbox"/> No formal education		<input type="checkbox"/> Some Post-Secondary	
<input type="checkbox"/> Up to Grade 7-8		<input type="checkbox"/> Secondary School Diploma/GED	
<input type="checkbox"/> Grade 9-10		<input type="checkbox"/> Apprenticeship/Trades certificate or diploma	
<input type="checkbox"/> Grade 11 or 12 incomplete		<input type="checkbox"/> College, CEGEP, or other non-university certificate or diploma	
<input type="checkbox"/> University - Bachelor Degree		<input type="checkbox"/> University - Masters	
		<input type="checkbox"/> University - Doctorate	
Trades (Including Heavy Equipment)		Level/Red Seal	Specialization
1			Years Experience
2			
CERTIFICATES (First Aid/WHMIS/Fall Arrest/Chainsaw/Customer Service/Food Safety)			
Certification	level	Registrar	Expiry date
1			
2			
Are you ready, willing and available for work/training? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what type of employment? <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Contract			
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Working shiftwork? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hourly wage expectation? <input type="checkbox"/> Min-Wage <input type="checkbox"/> min wage - \$20 <input type="checkbox"/> Over 20\$			
Clean criminal record <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure			
Valid passport? <input type="checkbox"/> Yes, Expiry Date _____ <input type="checkbox"/> No			

Volunteer work			
Computer/Technology Skills:			
<input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Powerpoint <input type="checkbox"/> Email/Internet Search			
<input type="checkbox"/> Office Phone Systems <input type="checkbox"/> GIS <input type="checkbox"/> Other: _____			
Physical Capabilities:			
<input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> Lift Over 50 lbs <input type="checkbox"/> Walking <input type="checkbox"/> Outdoor Work			
Licences (Class)	Number	Province	Expiry date
1			
2			
TRADITIONAL/CULTURAL SKILLS (Trapping, Hunting, Fishing, Beading, Painting, Carving, Woodworking)			
EMPLOYMENT HISTORY starting from most recent work experience, please list employment history:			
Employer	Job Title	Dates	Reason for leaving
1			
2			
3			
SOURCE OF INCOME <i>at intake</i>			
Employment <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ontario Works Recipient <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employment Insurance (EI) Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Reach-Back Client (on EI in the last 3 years or on Special Benefits in the last 5 years)			
<input type="checkbox"/> None <input type="checkbox"/> Other _____			
Barriers to Employment - Check all that apply			
<input type="checkbox"/> None <input type="checkbox"/> Education <input type="checkbox"/> Other _____			
<input type="checkbox"/> Remoteness <input type="checkbox"/> Lack of Work Experience <input type="checkbox"/> Physical Emotional or Mental Health			
<input type="checkbox"/> Language <input type="checkbox"/> Lack of Work Transportation <input type="checkbox"/> Lack of Labour Force Attachment			
<input type="checkbox"/> Economic <input type="checkbox"/> Lack of Marketable Skills <input type="checkbox"/> Dependant Care			
Action Plan Start Date <i>today's date</i>		(dd/mm/yyyy) :	
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



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CONSENT TO THE RELEASE OF INFORMATION

As sponsoring agent, Anishinabek Employment and Training Services (AETS) may require the exchange of information in regard to intervention duration, attendance, academic performance, or the exchange of support information with trainers or other community partners.

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

- First Nation Community: _____
- Ontario Works: Yes No
- Employment and Social Development Canada: Yes No
- Training Institution: _____
- Photo/image Release-I grant AETS the right to photograph, record, and use the product of these images or recordings of me for AETS promotional purposes. I am over 18 years of age: Yes No
- I consent to the disclosure and use of my personal information dealing with current or dormant Employment Insurance (EI) claims, for the purpose of establishing EI eligibility for EI supports and measures: Yes No

AETS will hold your information confidential between parties noted above, except in the following circumstances:

- If you give us permission to share information with others who can assist you
- We believe that you present a risk of harming yourself, or others (we are obligated to respond)
- We are required by law to release information

Date : _____

Print Name : _____

Signature : _____

Witness : _____





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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, 285 Red River Road, Thunder Bay, Ontario P7B 1A9

(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: _____

