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

Last Name | Maiden Name (if applicable)

First Name

Address

City / Town | Province | Postal Code

Home phone: | Cell Phone:

Email Address

Date of Birth (dd/mm/yr) | Sex ☐ Male ☐ Unspecified ☐ Female

Aboriginal Group: ☐ Registered ☐ Non-Status ☐ Metis ☐ Inuit

Name of Band | Do you live on reserve?

Band # ☐ Yes ☐ No

Do you consider yourself to be a person with a disability? ☐ Yes ☐ No
Please Specify: _____

Marital Status: ☐ Single ☐ Divorced ☐ Separated ☐ Married or Equivalent ☐ Widowed

Number of children (living with you)

Language(s) Spoken:
☐ English ☐ Ojibway ☐ French ☐ Other, (Please specify)_____

Education: (Choose all that apply)
☐ No formal education ☐ Up to Grade 7-8 ☐ Grade 9-10
☐ Grade 11 or 12 incomplete ☐ Secondary School Diploma/GED
☐ Some Post-Seconary ☐ Apprenticeship/trades certificate or diploma
☐ College, CEGEP, or other non-university certificate or diploma
☐ Univeristiy Certificate or diploma ☐ Univesity - Bachelor Degree
☐ Universitiy - Masters Degree ☐ Univesity - Doctorate

Education Province (where did you go to school)

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)

Certification	Level	Registrar	Expiry Date
1			
2			
3			
4			
5			
6			

LICENCES

Class	Number	Province	Expiry Date

Do you have reliable transporation? ☐ YES ☐ NO

SOURCE OF FUNDS:

HRDC FILE #:

AGE:

YOUTH:

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			

PRIOR NOCS:

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 Recipeint: ☐ 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 Benfits 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): _____

Duration in Days:

COMPLETE IF ON AN AETS FUNDED INTERVENTION

Intervention NOC:

Start Date: End Date:

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**