



**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

## AZ Drivers Licence Application Checklist

**Application Deadline: Feb 15th, 2021**

**File #** \_\_\_\_\_

Your complete application **must** include the:

- Client Registration Form
- Request for Disclosure of EI Eligibility
- Consent to the Release Information
- Photocopy of Status Card (Front & Back)

**and**, these items

- Resume
- Valid "G" Licence Copy
- Education - Grade 11 or Equivalency (Transcript or Diploma)
- MTO Medical Report
- 3 Years Uncertified Drivers Abstract
- 19 Years of Age
- TTCC Pre-Enrollment Form

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

Bonnie Cordone, Regional Western Officer  
Email: [bonnie.cordone@aets.org](mailto:bonnie.cordone@aets.org)

- |   |   |
|---|---|
| <input type="checkbox"/> Biigtigong Nishnaabeg,       | <input type="checkbox"/> Animbiigoo Zaagi'igan Anishinaabek,  |
| <input type="checkbox"/> KiashkiZaaging Anishinaabek, | <input type="checkbox"/> Biinjitiwaabik Zaaging Anishinaabek, |
| <input type="checkbox"/> Michipicoten First Nation,   | <input type="checkbox"/> Bingwi Neyaashi Anishinaabek,        |
| <input type="checkbox"/> Pays Plat First Nation,      | <input type="checkbox"/> Red Rock Indian Band                 |
| <input type="checkbox"/> Pic Moberg First Nation.     |   |





**PROTECTED WHEN COMPLETED**

**285 Red River Road  
Thunder Bay, ON  
P7B 1A9**

**CLIENT INFORMATION**

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

<b>Volunteer work</b>			
<b>Computer/Technology Skills:</b>			
<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: _____			
<b>Physical Capabilities:</b>			
<input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> Lift Over 50 lbs <input type="checkbox"/> Walking <input type="checkbox"/> Outdoor Work			
<b>Licences (Class)</b>	<b>Number</b>	<b>Province</b>	<b>Expiry date</b>
1			
2			
<b>TRADITIONAL/CULTURAL SKILLS</b> (Trapping, Hunting, Fishing, Beading, Painting, Carving, Woodworking)			
<b>EMPLOYMENT HISTORY</b> starting from most recent work experience, please list employment history:			
<b>Employer</b>	<b>Job Title</b>	<b>Dates</b>	<b>Reason for leaving</b>
1			
2			
3			
<b>SOURCE OF INCOME</b> <i>at intake</i>			
<b>Employment</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Ontario Works Recipient</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Employment Insurance (EI) Benefits</b> <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 _____			
<b>Barriers to Employment - Check all that apply</b>			
<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			
<b>Action Plan Start Date</b> <i>today's date</i>		<b>(dd/mm/yyyy) :</b>	
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.			
<b>Signature of Participant:</b>			<b>Date</b>



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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 : \_\_\_\_\_





**AETS**  
**Anishinabek Employment  
 and Training Services**

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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: \_\_\_\_\_

