

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

Drywall PATP Application Checklist

Application Deadline: May 1, 2020 File # _____

Your complete application **must** include the:

- ☐ Client Registration Form
- ☐ Request for Disclosure of EI Eligibility
- ☐ Consent to the Release Information
- ☐ Pre Apprentice Training Program Application

and, these items

- ☐ Cover letter and Resume
- ☐ Status card (photocopy)

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

Tracey Willoughby, Project Coordinator

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

Matt Gladu, Project Coordinator

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





Pre-Apprenticeship Training Program Application Form

Are you interested in a career in the Drywall trade? If you answered yes to this question please complete the following application form and submit it to the Project Coordinator for review.

Please note that all the information collected in this application form will be kept confidential.

Full Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Do you self-identify as an Aboriginal person? Yes___ No___

Which of our nine participating communities are you a member of? _____

Marital Status? _____

Number of Dependents? _____

What is your current source of income? _____

What is your highest level of education? _____

Do you have a driver's license? Yes___ No___

Can you stand for long periods of time, carry and lift heavy material? 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___

I would like to take part in the Pre-Apprenticeship Training Program because:

Your success in this program is very important to us and for that reason it is important that you respond honestly about any challenges that you may have in any of the following areas so that we may help to support you in the completion of the program.

If you are selected to participate in this program, do you have **any concerns** about:

Housing: Do you have suitable and stable accommodations? Yes____ No____

If you answered yes, how long have you lived at your current address_____

Health Issues: Do you require additional supports because of health related issues? Yes____ No____

If you answered yes, please describe. _____

Learning/Language: Do you have any challenges that may require additional support? Yes____ No____

If you answered yes, please describe. _____

Training Location: Do you have any concerns regarding transportation to the training site, accessibility, or building facilities? Yes____ No____

If you answered yes, please describe. _____

Personal Supports: Do you have any concerns such as lack of support at home, challenges in the community, etc? Yes____ No____

If you answered yes, please describe. _____

Any other Concerns? Please Specify: _____

Thank you for your interest in this program.





PROTECTED WHEN COMPLETED

285 Red River Road
Thunder Bay, ON
P7B 1A9

CLIENT INFORMATION

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 at intake <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Student			NOC CODE:
Education Level at intake <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"/> University - Bachelor Degree <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> Secondary School Diploma/GED <input type="checkbox"/> Apprenticeship/Trades certificate or diploma <input type="checkbox"/> College, CEGEP, or other non-university certificate or diploma <input type="checkbox"/> University certificate or diploma <input type="checkbox"/> University - Masters <input type="checkbox"/> University - Doctorate			
Trades (Including Heavy Equipment)		Level/Red Seal	Specialization Years Experience
1			
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



AETS
Anishinabek Employment
and Training Services

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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: _____