



Anishinabek Employment and Training Services
285 Red River Rd.
Thunder Bay, Ontario
P7B 1A9

CLIENT INFORMATION

PROTECTED WHEN COMPLETED

OFFICIAL USE
FILE NUMBER:
FIRST NATION ALLOCATION:
INTERVENTION:

Social Insurance Number				SOURCE OF FUNDS:
Last Name Maiden Name (if applicable)				
First Name				
Address				
City / Town		Province	Postal Code	HRDC FILE #:
Home phone:		Cell Phone:		
Email Address				
Date of Birth (dd/mm/yr)		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Female	
Aboriginal Group: <input type="checkbox"/> Registered <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit				AGE:
Name of Band		Do you live on reserve?		YOUTH:
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: _____				
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married or Equivalent <input type="checkbox"/> Widowed				Intervention Code:
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				
Education Province (where did you go to school)				PRIOR NOCS:
TRADES (including Heavy Equipment)				
Trade Level/Red Seal Specialization Years Experience				
1				
2				Duration in Days:
3				
CERTIICATES (ie First Aid/WHMIS/Fall Arrest/Chainsaw/Customer Service/Food Safety)				
Certification Level Registrar Expiry Date				
1				Intervention NOC:
2				
3				
4				
5				C/P:
6				
LICENCES				
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? <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-employment
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: (include Board or Councils)			
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			
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			
Is childcare needed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is childcare funded			
<input type="checkbox"/> Not applicable;		<input type="checkbox"/> FNICCI;	
<input type="checkbox"/> Provincial funding or subsidy;		<input type="checkbox"/> No funding received;	
<input type="checkbox"/> Daycare space not available;		<input type="checkbox"/> Assisted by family/self-funded	
Source of income:			
Employment Status			
<input type="checkbox"/> Employed <input type="checkbox"/> Underemployed (less than 20 hrs/wk) <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed			
Ontario Works Recipient Reciept: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employment Insurance (EI) Benefits			
<input type="checkbox"/> EI Claimant > Gross Weekly Rate _____ Number of weeks entitles _____			
<input type="checkbox"/> Reach-Back Client (on EI in the last 3 years or on Special Benfits 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"/> Lack of Labour Force Attachment			
<input type="checkbox"/> Remoteness <input type="checkbox"/> Lack of Work Experience			
<input type="checkbox"/> Language <input type="checkbox"/> Lack of Transportation			
<input type="checkbox"/> Education <input type="checkbox"/> Lack of Marketable Skills			
<input type="checkbox"/> Economic <input type="checkbox"/> Physical Emotional or Mental Health			
<input type="checkbox"/> Dependent Care <input type="checkbox"/> Other (specify): _____			
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