



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

Food Service Worker (FSW) Application Checklist

Application Deadline: April 5, 2021 File # _____

Your complete application **must** include the:

- ☐ 19 years of Age or older
- ☐ Client Registration Form
- ☐ Consent to the Release Information
- ☐ EI Disclosure of Eligibility
- ☐ Status card (photocopy)
- ☐ Cover letter and Resume
- ☐ Highschool Transcripts, with Grade **12 English at college or university level**
 - Or** Mature Student Assessment
 - Or** GED General Education Development Test

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

Genevieve Desmoulin, Liaison Officer
807-346-0307 ext.209
genevieve.desmoulin@aets.org

- ☐ Animbiigoo Zaagi'igan Anishinaabek
- ☐ Biigtigong Nishnaabeg
- ☐ Biinjitiwaabik Zaaging Anishinaabek
- ☐ Bingwi Neyaashi Anishinaabek
- ☐ KiashkiZaaging Anishinaabek

- ☐ Michipicoten First Nation
- ☐ Pays Plat First Nation
- ☐ Pic Mober First Nation
- ☐ Red Rock Indian Band





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"/> Seperated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Number of dependent children (living with you)
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"/> 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	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 expection? <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			
Vaild 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: _____