



**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

## Indoor Environmental Quality & Hazardous Building Materials Training (IEQ2021) Application Checklist

**Application Deadline: May 3, 2021    File # \_\_\_\_\_**

Your complete application **must** include the:

- 18 years of Age or older
- Client Registration Form
- Consent to the Release Information
- Mino Bimaadiziwin Application
- Status card (photocopy both FRONT and BACK)
- Cover letter and Resume

|                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Citizens (on and off-reserve) of these communities may contact:                                                                                                                                                                                                                                 |                                                                                                                                                                                                            |
| Genevieve Desmoulin, Liaison Officer<br>807-346-0307 ext.209<br>genevieve.desmoulin@aets.org                                                                                                                                                                                                    |                                                                                                                                                                                                            |
| <input type="checkbox"/> Animbiigoo Zaagi'igan Anishinaabek<br><input type="checkbox"/> Biigtigong Nishnaabeg<br><input type="checkbox"/> Biinjitiwaabik Zaaging Anishinaabek<br><input type="checkbox"/> Bingwi Neyaashi Anishinaabek<br><input type="checkbox"/> Kiashki Zaaging Anishinaabek | <input type="checkbox"/> Michipicoten First Nation<br><input type="checkbox"/> Pays Plat First Nation<br><input type="checkbox"/> Pic Moberg First Nation<br><input type="checkbox"/> Red Rock Indian Band |





PROTECTED WHEN COMPLETED

285 Red River Road  
Thunder Bay, ON  
P7B 1A9

### CLIENT INFORMATION FORM

|                                                                                                                                                                                                                          |              |                                                                                                                               |                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <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"/> Separated<br><input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed            |              |                                                                                                                               | <b>Number of dependent children</b><br><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><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                     |              | <b>Do you consider your self to be a person with a disability</b><br><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"/> 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                                                                               |                                                                 |
| <b>Trades</b> (Including Heavy Equipment)                                                                                                                                                                                |              | <b>Level/Red Seal</b>                                                                                                         | <b>Specialization</b>                                           |
| 1                                                                                                                                                                                                                        |              |                                                                                                                               | <b>Years Experience</b>                                         |
| 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 expectation?</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>Valid 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>               |
|                                                                                                                                                                                     |                  |                       |                           |



**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](mailto:aets@aets.org)

**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 : \_\_\_\_\_





**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

## Mino Bimaadiziwin Application Form (IEQ2021)

Please complete the following as part of your application package for review.

**The Information collected in this form will be kept confidential**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you meet the following requirements to enter this program? YES  NO

Are you 18 years of age or older? YES  NO

Do you have a Learning Disability that will require accommodations? YES  NO

Please Describe: \_\_\_\_\_

Do you have a laptop/desk top with a working microphone and camera? YES  NO

Wifi and or internet with good broadband? YES  NO

Do you handle stress well (able to control your emotions) and stay safety conscious? YES  NO

Are you a good cooperater, communicator and team player/crew member? YES  NO

Can you follow technical instructions to maintain/operate? YES  NO

Are you able to work independently with light supervision? YES  NO

Are you able to work indoors in confined spaces? YES  NO

Are you able to work at repetitive tasks? YES  NO

Do you have experience with mould/asbestos? YES  NO

**Applicant Vision** - In one paragraph, please help us better understand why you have selected training program and what you do hope to achieve? Example: Why are you applying for this program? Why are you interested in this career area? Where or in what kind of setting would you like to work in?

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

