

Mino Bimaadiziwin Application Checklist (LC)

Applicant Name: _____

Application Deadline: July 3rd, 2019

Your complete application **must** include the:

- Client Registration Form
- Request for Disclosure of EI Eligibility
- Consent to the Release Information
- Photograph Release Consent
- Mino Bimaadiziwin Application

and, these items

- Career Research
- Career Essay
- Cover letter and Resume
- High-school diploma or GED, PLAR, ACE or other (photocopy)
and a high school transcript to verify Grade 10
- Status card (photocopy)

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

Joni Michano, Project Officer

- Biigtigong Nishnaabeg,
- Michipicoten First Nation,
- Pays Plat First Nation,
- Pic Mobert First Nation.

Bonnie Cordone, Project Officer

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



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				HRDC FILE #:
City / Town		Province	Postal Code	
Home phone:		Cell Phone:		
Email Address				AGE:
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				
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"/> Univesity - Masters Degree <input type="checkbox"/> Univesity - Doctorate				PRIOR NOCS:
Education Province (where did you go to school)				
TRADES (including Heavy Equipment)				
Trade	Level/Red Seal	Specialization	Years Experience	Duration in Days:
1				
2				
3				Intervention NOC:
CERTIICATES (ie First Aid/WHMIS/Fall Arrest/Chainsaw/Customer Service/Food Safety)				
Certification	Level	Registrar	Expiry Date	
1				
2				
3				
4				C/P:
5				
6				
LICENCES				C/P:
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 <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed (less than 20 hrs/wk)			
Ontario Works Recipient Receipt: <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 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"/> 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

Anishinabek Employment and Training Services

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, 277 Park Avenue, Thunder Bay, Ontario P7B 1C4

(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: _____

Anishinabek Employment and Training Services

HEAD OFFICE:
Ojibways of the Pic River First Nation
PO Box 193
Heron Bay, ON
P0T 1R0



BRANCH OFFICE
277 Park Ave
Thunder Bay, ON P7B 1C4
Phone: (807) 346-0307
Fax: (807) 346-0310
Email: aets@aets.org

CONSENT TO THE RELEASE OF INFORMATION

I, _____ consent to the release of information
Between any representative of the Anishinabek Employment and Training Services Local Delivery
Mechanism and representatives of the following agencies, with respect to my educational, training
Or employment-related activities:

1. Human Resources Development Canada
2. Union of Ontario Indians
3. Training Institution: _____
4. Social Services: _____
5. Other: _____
6. Other: _____

As sponsoring agent, we require any information in regards to course duration, attendance, academic performance, or any other information required by the Anishinabek Employment and Training Services. Any exchange of information will be held confidential between all parties noted above.

Dated, this _____ day of _____ 20 _____

SIGNATURE

WITNESS

Anishinabek Employment and Training Services

HEAD OFFICE:
Ojibways of the Pic River First Nation
General Delivery
Heron Bay, Ontario
P0T 1R0



BRANCH OFFICE:
277 Park Ave.
Thunder Bay, Ontario P7B 1C4
Phone: (807) 346-0307
Fax: (807) 346-0310
Email: aets@aets.org

Photograph Release Form

I the undersigned hereby grant to Anishinabek Employment and Training Services, the right to photograph me and to record my voice, performances, actions and appearances and to use my picture, photograph, silhouette and other reproductions of my physical likeness.

I hereby grant to Anishinabek Employment and Training Services its successors, assigns and agents the perpetuity rights to use, and you may desire, all still and motion pictures and sound track recordings and records which you make of me or of my voice, and the right to use my name or likeness.

I agree that I will not assert or maintain against Anishinabek Employment and Training Services, your successors, assigns and licensees, any claim, action, suit or demand of any kind whatsoever, including but not limited to those grounded upon invasion of privacy, rights of publicity or other civil rights, or for any reason in connections with your authorized use of my physical likeness and sound.

I hereby certify that I am 18 years of age or over and have read the forgoing and fully understand the meaning and effect therefore.

PRINT NAME: _____ SIGNATURE: _____

ADDRESS: _____

DATED THIS _____ DAY OF _____ 20 _____

WITNESSED BY: (PRINT) _____ SIGNATURE: _____

Mino Bimaadiziwin Application Form (LC)

Are you interested in a career as a Line Cutter? 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?

Grade 10 or higher education (including grade 10 math) Yes No

18 years of age or older Yes No

Are you prepared for the math in this training program? Yes No

If not, how are you upgrading to make yourself ready before training starts?

Completing OSSD or GED Upgrading Math Mature Student Test Other: _____

The highest level Math you have credit for is (specify) Grade ____; or Post-Secondary Course #s _____

Are you willing to participate in a Skills Assessment Process?

(Reading, Numeracy, Document Use) Yes No

Are accommodations needed for a Learning Disability? Yes No Describe: _____

Describe any emotional, family or other supports you have in place where the training occurs:

As part of this program, would you participate in Indigenous cultural practices? Yes No

(e.g. Elder Support, Teachings, Smudge)

Does your community have any annual special events that you attend? (Sports, Powwows)

Are you committed to be ready, willing and able to participate in the program daily? Yes No

If No, please explain. _____

Can you do repeated lifting, use hand tools and stand for extended time? 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 tools and machinery? Yes No

Are you able to work independently with light supervision? Yes No

Do you have good vision (close, distance, colour, peripheral and depth perception)? Yes No

Are you able to work outdoors with loud noises and varied weather conditions? Yes No

Are you able to work at repetitive tasks? Yes No

Do you have experience with mapping grids, GPS or navigation systems? Yes No

Mino Bimaadiziwin Career Research Tool

Participant: _____	Date: _____
--------------------	-------------

Describe the job outlook in your chosen career. (refer to www.jobbank.gc.ca)

From researching your chosen career (from jobbank ads, or websites), please identify the:

Wage/Salary range(s)	Usual Benefit(s)	Hours per week (estimate)
_____	_____	_____
Work Conditions	Uniform/Gear tools needed	
_____	_____	
What I'd like the least about this type of job is:	What I'd like the least about this type of job is:	The types of jobs open to experienced Workers are:
_____	_____	_____

Contact two (2) Employers (who do hire program graduates) or Workers (who have the career you've chosen) to find out more about the job market with these suggested questions:

Employer/Worker 1:	Employer/Worker 2:
Name: _____ Telephone#: () _____	Name : _____ Telephone#: () _____
1. Does this Employer hire workers with the skills that I'll learn in training?	
Yes / No	Yes / No
2. What qualifications are Employers looking for in these jobs?	
_____	_____
3. What is the Employer's opinion of the training offered by Confederation College?	
_____	_____
4. How/How often does the Employer advertise jobs in the field I want to train in?	
_____	_____

Online Resources

[Ontario Job Futures](#) This Province of Ontario website provides information on current trends and future outlooks for... [direct link](#)

[Oct 2016 Update - Local Labour Market Plan \(2014-2017\)](#) Follow this link to the Local Labour Market Plan for the Waterloo-Wellington-Dufferin area, with... [direct link](#)

["Where are all the jobs?" chart at McLeans.ca](#) A useful chart forecasting labour shortages in specific sectors in Canada over the next decade. [direct link](#)

[Planning to Work in Canada? An Essential Workbook for Newcomers](#) This workbook has been created by Citizenship and Immigration Canada for Internationally Trained... [direct link](#)

[Labour Market Reports: Workforce Planning Board - Waterloo Wellington](#) The Workforce Planning Board - Waterloo Wellington provides monthly labour market reports as well... [direct link](#)

[Local Workforce Focus - Promising Occupations](#) [direct link](#)

[Industry Canada - Economic and Market Research/Statistics](#) This Statistics Canada site provides an overview and definition of the various labour market... [direct link](#)

[Service Canada - Specialty Job Sites](#) Links to jobs in specific sectors [direct link](#)

[National Occupation Classification \(NOC\)](#) The National Occupational Classification (NOC) is the nationally accepted reference on occupations... [direct link](#)
