

# Mino Bimaadiziwin Application Checklist (MET)

Application Deadline: **Fri. July 6<sup>th</sup>, 2018** # \_\_\_\_\_

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 and school transcript, GED, PLAR, Mature Student Test or ACE Required courses include: Grade 12 (C/U) level English, Grade 11 (C) level Math Functions and Applications, Functions or Grade 12 (C/U) level Math
- 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  
 277 Park Ave  
 Thunder Bay, Ontario  
 P7B 1C4

**CLIENT INFORMATION**

**PROTECTED WHEN COMPLETED**

**OFFICIAL USE**

**FILE NUMBER:**

**FIRST NATION ALLOCATION:**

**INTERVENTION:**

Social Insurance Number		SOURCE OF		
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			
Indigenous Group: <input type="checkbox"/> Registered <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit		YOUTH:		
Name of Band	Do you live on reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Band #		Intervention Code:		
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		PRIOR NOCS:		
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		Duration in Days:		
Education Province (where did you go to school)				
<b>TRADES (including Heavy Equipment)</b>		Intervention NOC:		
Trade	Level/Red Seal		Specialization	Years Experience
1				
2				
3				
<b>CERTIICATES (ie First Aid/WHMIS/Fall Arrest/Chainsaw/Customer Service/Food Safety)</b>		C/P:		
Certification	Level		Registrar	Expiry Date
1				
2				
3				
4				
5				
<b>LICENCES</b>		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?  Yes  No

If yes, what type of employment?

Full Time  Part time  Seasonal  Self-employment

Are you willing to relocate?  Yes  No

Working shiftwork?  Yes  No

Hourly Wage Expectation?  min wage  min wage - \$20  Over \$20

Clean Criminal Record?  Yes  No  Not sure

Valid Passport?  Yes, Expiry Date \_\_\_\_\_  No

**Volunteer Work: (include Board or Councils)**

**Computer/Technology Skills:**

Microsoft Word  Microsoft Excel  Powerpoint  Email/Internet Search  
 Office Phone Systems  GIS

Other: \_\_\_\_\_

**Physical Capabilities:**

Sitting  Standing  Lift over 50 lbs  walking  outdoor work

Is childcare needed?  Yes  No

**Is childcare funded**

Not applicable;  FNICCI;  
 Provincial funding or subsidy;  No funding received;  
 Daycare space not available;  Assisted by family/self-funded

**Source of income:**

Employment Status

Employed  Underemployed (less than 20 hrs/wk)  Unemployed  Self-Employed

Ontario Works Recipient Receipt:  Yes  No

Employment Insurance (EI) Benefits

EI Claimant > Gross Weekly Rate \_\_\_\_\_ Number of weeks entitles \_\_\_\_\_  
 Reach-Back Client (on EI in the last 3 years or on Special Benefits in the last 5 years)  
 None  Other \_\_\_\_\_

**Barriers to Employment - Check all that apply**

None  Lack of Labour Force Attachment  
 Remoteness  Lack of Work Experience  
 Language  Lack of Transportation  
 Education  Lack of Marketable Skills  
 Economic  Physical Emotional or Mental Health  
 Dependent Care  Other (specify): \_\_\_\_\_

**COMPLETE IF ON AN AETS FUNDED INTERVENTION**

Start Date: August, 2018 End Date: April, 2020

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: S \_\_\_\_\_/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

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## CONSENT TO THE RELEASE OF INFORMATION

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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

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



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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 for use in annual and monthly reports, AETS web site and/or AETS advertising/promotion of program and services.

I agree that I will not assert or maintain against Anishinabek Employment and Training Services, 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 (MET)

Are you interested in a career as an Industrial Millwright or Mechanical Engineering Technician? Please complete this application form for your Regional Officer to review.



**The information collected in this form will be kept confidential.**

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

Mailing Address (if different from residence) \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Do you meet the requirements to enter this program? Yes  No

If not, what upgrading would you require? \_\_\_\_\_

Are you willing to participate in a Skills Assessment Process? (Reading, Numeracy, Document Use) Yes  No

Are you interested in participating in a Life Skills Training Program? Yes  No

What kind of family or community supports do you have? \_\_\_\_\_

As part of this program, would you participate in Indigenous cultural practices? (eg. Smudging, Elder Support, Medicine Wheel)  
\_\_\_\_\_

Does your community have any school year special events that you attend? When? (Sports, Pow Wows)  
\_\_\_\_\_

Are you ready, willing and able to participate in the program every day? Yes  No

If No, please explain. \_\_\_\_\_

Are you prepared for the mathematics, statistics and pre-technology physics courses in this program? Yes  No

If not, how are you planning to make yourself ready for school?  
Completing OSSD or Equivalent  Taking Math/Physics courses  Other: \_\_\_\_\_

Are you able to handle physical lifting, precision tools, and sitting for extended times? Yes  No   
Are you interested in solving practical puzzles and understanding technical instructions? Yes  No   
Do you enjoy instructing people and answering questions in person and in writing? Yes  No   
Are you comfortable using schematic drawings and instructions to complete a job? Yes  No   
Do you have good vision (close, distance, colour, peripheral and depth perception)? Yes  No   
Are you able to work in an environment that may have loud noises? Yes  No

# Mino Bimaadiziwin Career Research Tool

Participant: _____	Date: _____
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Describe the job outlook in your chosen career. (refer to [www.jobbank.gc.ca](http://www.jobbank.gc.ca))

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

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

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:

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