



**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

## Mining Essentials Training Application Checklist

**Application Deadlines:** TBA

**File #** \_\_\_\_\_

Your complete application **must** include:

- ☐ AETS Client Information Form
- ☐ Mining Essentials Training Application Checklist
- ☐ SDF Participant Registration Form
- ☐ Consent to the Release of Information
- ☐ Request for Disclosure of EI Eligibility
- ☐ Cover Letter and Resume
- ☐ High school diploma and or high school transcript verifying grade 10 math
- ☐ Status card (photocopy)

For more information about Anishinabek Employment and Training Services please contact our program coordinator:

**Narcise Kakegabon** SDF Program Coordinator

Email: narcise.kakegabon@aets.org

Tel: (807) 346-0307 ext. 217



[www.aets.org](http://www.aets.org)



Assembly of First Nations

**Your path. Our ways.**





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## Mining Essentials Training

Complete the following application form. Please note all information collected in this application form will be kept confidential. Completed forms can be submitted to SDF Program Coordinator for review.

*Narcise Kakegabon, SDF Program Coordinator*  
*Email: narcise.kakegabon@aets.org*

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Do you self-identify as an Aboriginal person?    Yes                  No

Which First Nations community are you a member of? \_\_\_\_\_

Marital Status: \_\_\_\_\_                  Number of Dependents: \_\_\_\_\_

What is your current source of income? \_\_\_\_\_

What is your highest level of education? \_\_\_\_\_

Do you have a driver's license?    Yes                  No                  License Type: \_\_\_\_\_

Can you stand for long periods of time, carry and lift heavy materials?                  Yes                  No

Can you look at plans or blueprints and visualize how things come together?                  Yes                  No

Do you enjoy working with machinery and different kinds of tools?                  Yes                  No

Do you like to solve problems and suggest ways of fixing them?                  Yes                  No

Do you enjoy being physically active in an outdoor environment?                  Yes                  No

Can you work at heights or in confined spaces?                  Yes                  No

We would like to better understand why you are interested in the Mining Essentials Training. Use the space below to write a short essay of approximately 300 words to explain why you are applying for this program. Questions you could consider are:

- What has led you to apply for the Mining Essentials Training?
  - Why are you interested in a career of mining?
  - What do you hope to learn from this program?
  - How will this program improve your life?
  - How will you motivate yourself to participate and complete the program?
  - What goal(s) do you hope to achieve?
-

Your success in this program is very important to us. It is important that you respond honestly about any challenges that you may have so that we may help to facilitate supports to ensure your completion of the program. Please list any comments, questions or concerns below. Please note all information collected in this application form will be kept confidential.

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**Housing:**

Do you have suitable and stable accommodations within the City of Thunder Bay? Yes No  
If you answered yes, how long have you lived at your current address? \_\_\_\_\_

**Transportation:**

Do you have reliable transportation within the City of Thunder Bay for the duration of the course? Yes No  
Do you have transportation to the City of Thunder Bay? Yes No

**Funding:**

You may be eligible for a training allowance while in training.

Do you have any concerns in this area? Yes No

**Health & Accessibility:**

Do you require additional supports because of health related issues? Yes No

**Learning/Language**

Do you have any challenges that may require additional support? Yes No

**Personal Supports:**

Do you have any concerns such as lack of support at home, challenges in the community etc.? Yes No

**Other:**

Any other comments, questions, concerns or required supports (mental, physical, spiritual, emotional):



PROTECTED WHEN COMPLETED

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## 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   |  |
| <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"/> Seperated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed  |          |  | <b>Number of dependent children</b><br>(living with you) |
| Name of Band  |          | Is child care needed? <input type="checkbox"/> yes <input type="checkbox"/> No   |  |
| Living on Reserve<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |          | Do you consider your self to be a person with a disability<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 at intake</b> <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 at intake</b> <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"/> University - Bachelor Degree <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> Secondary School Diploma/GED <input type="checkbox"/> Apprenticeship/Trades certificate or diploma <input type="checkbox"/> College, CEGEP, or other non-university certificate or diploma <input type="checkbox"/> University certificate or diploma <input type="checkbox"/> University - Masters <input type="checkbox"/> University - Doctorate |          |  |  |
| <b>Trades (Including Heavy Equipment)</b><br>1  |          | Level/Red Seal<br>2  | Specialization<br>Years Experience                       |
| <b>CERTIFICATES (First Aid/WHMIS/Fall Arrest/Chainsaw/Customer Service/Food Safety)</b>   |          |  |  |
| Certification<br>1  |          | level<br>2   | Registrar<br>Expiry date                                 |
| <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 expection?</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>Vaild 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>  |



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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 : \_\_\_\_\_

