



**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 Checklist – (PSW)

**Application Deadline: January 20, 2020** File # \_\_\_\_\_

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 Tool
  - Career Essay
  - Cover letter and Resume
  - High-school diploma or GED, PLAR, ACE or other (photocopy)
- and a high school transcript verifying Grade 12 C/U English
- Status card (photocopy)

For the PSW training program, these items may be requested:

- First Aid/CPR certificates (photocopy)
- Immunization record (photocopy)
- Blood-work/serology

Citizens (on and off-reserve) of these communities may contact:	
Christine Lewis, Project Officer <input type="checkbox"/> Biigtigong Nishnaabeg, <input type="checkbox"/> Michipicoten First Nation, <input type="checkbox"/> Pays Plat First Nation, <input type="checkbox"/> Pic Mobert First Nation.	Bonnie Cordone, Project Officer <input type="checkbox"/> Animbiigoo Zaagi'igan Anishinaabek, <input type="checkbox"/> Biinjitiwaabik Zaaging Anishinaabek, <input type="checkbox"/> Bingwi Neyaashi Anishinaabek, <input type="checkbox"/> KiashkiZaaging Anishinaabek, <input type="checkbox"/> Red Rock Indian Band





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## Mino Bimaadiziwin Application Form (PSW)

Are you interested in a career as a Personal Support Worker? 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: \_\_\_\_\_

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

Do you meet the following requirements to enter this program? YES  NO   
If not, what upgrading would you require? \_\_\_\_\_

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

Are you interested in participating in a Life Skills Training Program? YES  NO

What kind of community supports to you have? \_\_\_\_\_

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 scheduled 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: \_\_\_\_\_

Do you have computer/technology skills? YES  NO   
If yes, please explain \_\_\_\_\_

- |  |  |
|--|--|
| Are you able to handle heavy lifting, standing and carrying on the job?      | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Do you enjoy interacting with elders or people with disability or illness?   | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Do you enjoy assisting people with daily living tasks such as personal care? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Are you comfortable handing money, receipts or measurements?                 | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Are you able to follow written and/or verbal directions?                     | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Are you interested in a medical team environment?                            | YES <input type="checkbox"/> NO <input type="checkbox"/> |







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PROTECTED WHEN COMPLETED

<b>OFFICIAL USE</b>
<b>FILE NUMBER:</b>
<b>FIRST NATION ALLOCATION:</b>
<b>INTERVENTION:</b>

**CLIENT INFORMATION**

Social Insurance Number				<b>SOURCE OF FUNDS:</b>
Last Name		Maiden Name (if applicable)		
First Name				
Address				
City / Town		Province	Postal Code	
Home phone:		Cell Phone:		
Email Address				
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?		
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				
Number of children (living with you)				
<b>Language(s) Spoken:</b>				
<input type="checkbox"/> English <input type="checkbox"/> Ojibway <input type="checkbox"/> French <input type="checkbox"/> Other, (Please specify) _____				
<b>Education:</b> (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				
Education Province (where did you go to school)				
<b>TRADES (including Heavy Equipment)</b>				
Trade	Level/Red Seal	Specialization	Years Experience	
1				
2				
3				
<b>CERTIICATES (ie First Aid/WHMIS/Fall Arrest/Chainsaw/Customer Service/Food Safety)</b>				
Certification	Level	Registrar	Expiry Date	
1				
2				
3				
4				
5				
6				
<b>LICENCES</b>				
Class	Number	Province	Expiry Date	
Do you have reliable transporation? <input type="checkbox"/> YES <input type="checkbox"/> NO				

**HRDC FILE #:**

**AGE:**

**YOUTH:**

**Intervention Code:**

**PRIOR NOCS:**

**Duration in Days:**

**Intervention NOC:**

**C/P:**

**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**

- |   |   |
|---|---|
| <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**

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

Ontario Works Recipient Recipient:  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**

- |   |  |
|---|--|
| <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** \_\_\_\_\_



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**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





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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: \_\_\_\_\_





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







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## CAREER RESEARCH TOOL

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**What is your career goal, and please describe the current job(s) outlook in this career.**  
(refer to [www.jobbank.gc.ca](http://www.jobbank.gc.ca))

My career goal is to be a: \_\_\_\_\_  
The employment outlook in this career area can be described as:  
\_\_\_\_\_

From researching your career goal (from job 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 most about this type of job is:	The types of jobs open to experienced Workers are:

**Contact two (2) Employers (who 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: _____	Name : _____
Telephone#: ( ) _____	Telephone#: ( ) _____
1. Does this Employer hire workers with the skills that I will obtain 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 you are taking?	
_____	_____
_____	_____
4. How/How often does the Employer advertise jobs in the field I want to train in?	
_____	_____
_____	_____



## Online Resources

[Ontario Job Futures](https://www.theworkingcentre.org/link/8115) <https://www.theworkingcentre.org/link/8115>

This Province of Ontario website provides information on current trends and future outlooks for... <https://www.ontario.ca/page/labour-market>

[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... [http://workforceplanningboard.com/Files/English/2016\\_Local\\_Labour\\_Market\\_Plan\\_Update\\_Full.pdf](http://workforceplanningboard.com/Files/English/2016_Local_Labour_Market_Plan_Update_Full.pdf)

["Where are all the jobs?" chart at McLeans.ca](#) A useful chart forecasting labour shortages in specific sectors in Canada over the next decade. <https://www.macleans.ca/wp-content/uploads/2013/03/Whereareallthejobs.jpg>

[Planning to Work in Canada? An Essential Workbook for Newcomers](#) This workbook has been created by Citizenship and Immigration Canada for Internationally Trained... <https://www.canada.ca/content/dam/ircc/migration/ircc/english/pdf/pub/workbook-national.pdf>

[Labour Market Reports: Workforce Planning Board - Waterloo Wellington](#) The Workforce Planning Board - Waterloo Wellington provides monthly labour market reports as well... <http://workforceplanningboard.com/currentreports.html>

[Local Workforce Focus - Promising Occupations](#) <http://workforceplanningboard.com/Files/English/Promising%20Occupations%20WPB%20WFF%20May%2009.pdf>

[Industry Canada - Economic and Market Research/Statistics](#) This Statistics Canada site provides an overview and definition of the various labour market... [http://www.ic.gc.ca/eic/site/ic1.nsf/eng/h\\_00072.html?OpenDocument&](http://www.ic.gc.ca/eic/site/ic1.nsf/eng/h_00072.html?OpenDocument&)

[Service Canada - Specialty Job Sites](#) Links to jobs in specific sectors [http://www.jobsetc.gc.ca/categories.jsp?category\\_id=2600&crumb=34](http://www.jobsetc.gc.ca/categories.jsp?category_id=2600&crumb=34)

[National Occupation Classification \(NOC\)](#) The National Occupational Classification (NOC) is the nationally accepted reference on occupations... <http://noc.esdc.gc.ca/>

