

# Mino Bimaadiziwin Application Checklist (SMW)

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Application Deadline: # \_\_\_\_\_

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 12
- 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 Moberg First Nation.

Bonnie Cordone, Project Officer

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

# Mino Bimaadiziwin Application Form (SMW)

Are you interested in a career as a Sawmill 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: \_\_\_\_\_

Do you meet the following requirements to enter this program?

Grade 12 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 & gauges, and standing 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

Do you have a high level of safety awareness? Yes  No

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

Are you able to work with indoors with loud noises? Yes  No

Are you careful about details and thorough in completing work tasks? Yes  No

Do you have the ability to maintain concentration and focus for long periods? Yes  No





Anishinabek Employment and Training Services  
 285 Red River Rd.  
 Thunder Bay, Ontario  
 P7B 1A9

**CLIENT INFORMATION**

**PROTECTED WHEN COMPLETED**

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

Social Insurance Number		<b>SOURCE OF FUNDS:</b>		
Last Name <span style="float: right;">Maiden Name (if applicable)</span>				
First Name				
Address		<b>HRDC FILE #:</b>		
City / Town	Province <span style="float: right;">Postal Code</span>			
Home phone:	Cell Phone:			
Email Address		<b>AGE:</b>		
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?	<b>YOUTH:</b>		
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		<b>Intervention Code:</b>		
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"/> Univesity - Masters Degree <input type="checkbox"/> Univesity - Doctorate		<b>PRIOR NOCS:</b>		
Education Province (where did you go to school)				
<b>TRADES (including Heavy Equipment)</b>				
Trade	Level/Red Seal	Specialization	Years Experience	<b>Duration in Days:</b>
1				
2				
3				<b>Intervention NOC:</b>
<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>C/P:</b>
<b>LICENCES</b>				
Class	Number	Province	Expiry Date	
Do you have reliable transporation? <input type="checkbox"/> YES <input type="checkbox"/> 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:

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: Name: _____ Telephone#: (    ) _____	Employer/Worker 2: 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](#)

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# 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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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: \_\_\_\_\_

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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: \_\_\_\_\_