



**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

## General Carpentry(403A) Application Checklist

**Application Deadline: February 28, 2020**    **File #** \_\_\_\_\_

Your complete application **must** include the:

- ☐ Client Registration Form
- ☐ Request for Disclosure of EI Eligibility
- ☐ Consent to the Release Information
- ☐ Pre Apprentice Training Program Application

**and**, these items

- ☐ Career Essay
- ☐ Cover letter and Resume
- ☐ High-school diploma and/or high school transcript verifying grade 10 Math
- ☐ Status card (photocopy)

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

Tracey Willoughby, Project Coordinator

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

Matt Gladu, Project Coordinator

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





## Pre-Apprenticeship Training Program Application Form

Are you interested in a career in the Carpentry trade? If you answered yes to this question please complete the following application form and submit it to the Project Coordinator for review.

Please note that all the information collected in this application form will be kept confidential.

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

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

\_\_\_\_\_

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

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

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

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

Which of our nine participating communities are you a member of? \_\_\_\_\_

Marital Status? \_\_\_\_\_

Number of Dependants? \_\_\_\_

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

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

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

Can you stand for long periods of time, carry and lift heavy material? 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\_\_\_

I would like to take part in the Pre-Apprenticeship Training Program because:

[illegible]

Your success in this program is very important to us and for that reason it is important that you respond honestly about any challenges that you may have in any of the following areas so that we may help to support you in the completion of the program.

If you are selected to participate in this program, do you have **any concerns** about: \_\_\_\_\_

**Housing:** Do you have suitable and stable accommodations? Yes\_\_\_\_ No\_\_\_\_

If you answered yes, how long have you lived at your current address\_\_\_\_\_

**Health Issues:** Do you require additional supports because of health related issues? Yes\_\_\_\_ No\_\_\_\_

If you answered yes, please describe. \_\_\_\_\_

**Learning/Language:** Do you have any challenges that may require additional support? Yes\_\_\_\_ No\_\_\_\_

If you answered yes, please describe. \_\_\_\_\_

**Training Location:** Do you have any concerns regarding transportation to the training site, accessibility, or building facilities? Yes\_\_\_\_ No\_\_\_\_

If you answered yes, please describe. \_\_\_\_\_

**Personal Supports:** Do you have any concerns such as lack of support at home, challenges in the community, etc? Yes\_\_\_\_ No\_\_\_\_

If you answered yes, please describe. \_\_\_\_\_

**Any other Concerns? Please Specify:** \_\_\_\_\_

**Thank you for your interest in this program.**



PROTECTED WHEN COMPLETED

285 Red River Road  
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## CLIENT INFORMATION

<b>Social Insurance Number</b>		<b>Date of Birth</b> (dd/mm/yyyy)	
<b>Last Name</b>		<b>Middle Initial</b>	<b>First Name</b>
<b>Mailing Address</b>			<b>Postal Code</b>
<b>City/Town</b>	<b>Province</b>	<b>Home Phone</b>	
<b>Email</b>		<b>Cell Phone</b>	
<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"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			<b>Number of dependent children</b> <i>(living with you)</i>
<b>Name of Band</b>		<b>Is child care needed?</b> <input type="checkbox"/> yes <input type="checkbox"/> No	
<b>Living on Reserve</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Do you consider your self to be a person with a disability</b> <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</b> (Including Heavy Equipment)		<b>Level/Red Seal</b>	<b>Specialization</b> <b>Years Experience</b>
1			
2			
<b>CERTIFICATES</b> (First Aid/WHMIS/Fall Arrest/Chainsaw/Customer Service/Food Safety)			
<b>Certification</b>	<b>level</b>	<b>Registrar</b>	<b>Expiry date</b>
1			
2			
<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 expectation?</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>Valid 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 : \_\_\_\_\_





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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: \_\_\_\_\_