



**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](mailto:aets@aets.org)

## Transportation Field Assistant Training Program Application Checklist

**Application Deadline:  
January 13, 2023**

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

Your complete application **must** include:

- AETS Client Information Form
- Transportation Field Assistant Training Program Application
- Consent to the Release of Information
- Request for Disclosure of EI Eligibility
- Cover Letter and Resume
- High School Diploma or High School Transcript verifying Grade 12 English
- Status card (photocopy)

Plus one of:

- Grade 11 MCF3M Functions and Applications
- Grade 12 MAP4CA Foundations for College Math
- MCT4C Mathematics for College Technology
- University Preparation
- ACE Core Math (UM602)

For more information about Anishinabek Employment and Training Services  
please contact our project officer:

**Sheryl Singleton**  
Project Officer  
[sheryl.singleton@aets.org](mailto:sheryl.singleton@aets.org)





We would like to better understand why you are interested in the Transportation Field Assistant Training Program. 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 Transportation Field Assistant Training Program?
  - Why are you interested in Engineering?
  - 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

285 Red River Road  
Thunder Bay, ON  
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### CLIENT INFORMATION FORM

<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</b> <i>at intake</i> <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</b> <i>at intake</i>			
<input type="checkbox"/> No formal education		<input type="checkbox"/> Some Post-Secondary	
<input type="checkbox"/> Up to Grade 7-8		<input type="checkbox"/> Secondary School Diploma/GED	
<input type="checkbox"/> Grade 9-10		<input type="checkbox"/> Apprenticeship/Trades certificate or diploma	
<input type="checkbox"/> Grade 11 or 12 incomplete		<input type="checkbox"/> College, CEGEP, or other non-university certificate or diploma	
<input type="checkbox"/> University - Bachelor Degree		<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>
1			<b>Years Experience</b>
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: \_\_\_\_\_

