



**AETS**  
Anishinaabek 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

## Chainsaw Worker Training (CSW) Application Checklist

**Application Deadline: April 30, 2021    File # \_\_\_\_\_**

Your complete application **must** include the:

- ☐ 18 years of Age or older
- ☐ Client Registration Form
- ☐ Consent to the Release Information
- ☐ Status card (photocopy both FRONT and
- ☐ BACK) Cover letter and Resume
- ☐

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

Genevieve Desmoulin, Liaison Officer  
807-346-0307 ext.209  
genevieve.desmoulin@aets.org

- ☐ Animbiigoo Zaagi'igan Anishinaabek
- ☐ Biigtigong Nishnaabeg
- ☐ Biinjitiwaabik Zaaging Anishinaabek
- ☐ Bingwi Neyaashi Anishinaabek
- ☐ Kiashki Zaaging Anishinaabek

- ☐ Michipicoten First Nation
- ☐ Pays Plat First Nation
- ☐ Pic Moberg First Nation
- ☐ Red Rock Indian Band





PROTECTED WHEN COMPLETED

285 Red River Road  
Thunder Bay, ON  
P7B 1A9

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

