

CHI MINO OZHITOOWIN LABOUR FORCE DATABASE SURVEY

Please complete the form below to participate in the Labour Pool database. Fields marked with an asterisk (*) are mandatory – if any mandatory fields are unanswered, your Labour Pool profile will not be created.

Please print clearly.

NOTE: If you do not have an email address, leave the email field blank and provide your phone number or Facebook Messenger username.

If you do not have a phone number, please enter the phone number of your local Band office or a family member / friend where a message may be left for you to contact the Chi Mino Ozhitowin Office.

SECTION 1.0 – PERSONAL INFORMATION

*First Name	
*Last Name	
*Birthdate (dd/mm/yyyy)	
Gender (check one)	(<input type="checkbox"/>) M (<input type="checkbox"/>) F (<input type="checkbox"/>) Unspecified
*Email	
*Phone / Cell	
Alternate Phone	
Facebook Messenger Username	
*Address	
*City	
*Province	
*Postal Code	
What is your preferred way to communicate	(<input type="checkbox"/>) Messenger (<input type="checkbox"/>) Cell: (<input type="checkbox"/>) Email: (<input type="checkbox"/>) Other

CHI MINO OZHITOOWIN LABOUR FORCE DATABASE SURVEY

1.1 Home Community

***Which community are you a member of and/or a resident of?**

Please check **M/C** (Married or Common-Law) for member, **R** for resident and **A** for Affiliate. If neither apply, please check **Other**

**** Definition of Affiliate:** married to a First Nation member, child or step-child of a First Nation member, Parent of a member

M/C	R	A	
			FORT WILLIAM FIRST NATION
			LAC LA CROIX FIRST NATION
			LAC SEUL FIRST NATION
			MIGISI SAHGAIGAN (EAGLE LAKE FIRST NATION)
			NIGIGOONSIMINIKAANING FIRST NATION (RED GUT FIRST NATION)
			OJIBWAY NATION OF SAUGEEN (SAVANT LAKE)
			SEINE RIVER FIRST NATION
			WABIGOON LAKE OJIBWAY NATION
			Other (please specify)

1.2 If you checked Affiliate – Please check if you are you a spouse, child or stepchild of a band member?

	Spouse
	Child
	Step-Child

If yes, please specify: _____

1.3 Please check if you are:

	Status
	Non-Status

CHI MINO OZHITOOWIN LABOUR FORCE DATABASE SURVEY

1.4 What language(s) do you speak? Please indicate the language if you select Other.

	English
	Ojibway
	Cree
	Oji-Cree
	Other:

1.5 Do you have Valid Government Identification?

	Yes
	No

1.6 If yes, please check all that apply:

	Social Insurance Number (SIN)
	Driver's License
	Ontario Health Card
	Status Card
	Passport
	Age of Majority
	Other

1.7 *Do you have a driver's license and/or other licenses? Please check all that apply.

	Class G
	Class G1
	Class G2
	Class DZ
	Class AZ
	Class F
	No License
	Other

1.8 Do you have access to a reliable vehicle?

	YES		NO
--	------------	--	-----------

CHI MINO OZHITOOWIN LABOUR FORCE DATABASE SURVEY

1.9 Do you have a bank account?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

1.10 If yes, do you bank online?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

SECTION 2.0 – PAST EMPLOYMENT EXPERIENCE

2.1 Do you have a resume?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

2.2 If yes, would you like to share your resume with us?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

2.3 Do you require assistance in updating your resume?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

2.4 Do you have experience with any of these skills? Please check all that apply.

<input type="checkbox"/>	Problem solving skills
<input type="checkbox"/>	Flexible – can adjust to priorities
<input type="checkbox"/>	Work as a team – Team player
<input type="checkbox"/>	Organize / coordinate meetings and appointments
<input type="checkbox"/>	Manage a project budget
<input type="checkbox"/>	Communications skills – can talk and visit with people
<input type="checkbox"/>	Computer skills – typing, email
<input type="checkbox"/>	Other

CHI MINO OZHITOOWIN LABOUR FORCE DATABASE SURVEY

2.5 What other workplace skills do you have that are not listed above?

2.6 What is your current employment status?

	Working part-time
	Working full-time
	Working seasonally
	Self-employed
	In school / training
	Retired
	Not working

2.7 What type of work have you done in the past?

	Field of Work	Length of Time
	Administration	
	Bush work / Firefighting	
	Carpentry	
	Electrical	
	Electronic / Computers	
	Finance	
	Heavy Equipment	
	Mechanics	
	Office Reception	
	Plumbing	
	Program Delivery	
	Supervision	
	Welding	
	Concrete / Cement	
	Vehicle Maintenance	
	General Handyman	
	Labourer	
	Cook / Cooks Helper	
	Other (please specify)	

CHI MINO OZHITOOWIN LABOUR FORCE DATABASE SURVEY

2.8 What other type of work have you done in the past that is not listed above?

--

2.9 Have you ever worked in a unionized environment?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

2.10 If yes, which Union(s)

2.11 Do you understand how a union operates in the workplace?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

SECTION 3.0 – PAST EDUCATION AND TRAINING

3.1 What is the highest education received?

<input type="checkbox"/>	No formal Education
<input type="checkbox"/>	Up to grade 7-8
<input type="checkbox"/>	Up to grade 9-10
<input type="checkbox"/>	Grade 11-12 Incomplete
<input type="checkbox"/>	Secondary School / GED
<input type="checkbox"/>	Some Post Secondary
<input type="checkbox"/>	Apprenticeship / trade certificate or diploma
<input type="checkbox"/>	College, CEGEP, or other non-university certificate or diploma. Please specify area of study)
<input type="checkbox"/>	University (Please specify area(s) of study)

3.2 Do you have any previous training / experience related to power line construction?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
--------------------------	-----	--------------------------	----

CHI MINO OZHITOOWIN LABOUR FORCE DATABASE SURVEY

3.3 If yes, please check and answer all that apply

# of Years	Please indicate Training or Work	Provide name of Trainer or Employer
None		
Less than 1 year	() Training () Work	
1-5 years	() Training () Work	
5-10 years	() Training () Work	
10+ years	() Training () Work	

3.4 Have you participated in apprenticeship program?

	If yes, please list apprenticeship program(s)
Yes	
No	

3.5 What training courses have you completed?

Course	Training Provider	Expiry Date
Life Skills		
Construction / Trades		
First Aid / CPR		
Chainsaw		
Health & Safety (Fall Arrest)		
WHMIS		
Other (please specify)		

3.6 Would you share a copy of your certifications / Confirmation of Training?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
--------------------------	-----	--------------------------	----

3.7 If you do not have a copy of your training certificate(s), do you give permission for Chi Mino Ozhiitowin to obtain a copy from the training provider?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
--------------------------	-----	--------------------------	----

CHI MINO OZHITOOWIN LABOUR FORCE DATABASE SURVEY

4.4 Are you willing to travel outside of your community for pre-employment training?
For example, six weeks in (Check all that apply):

	Thunder Bay
	Dryden
	Atikokan
	Southern Ontario

4.5 Are you willing to work away from home?

	YES		NO
--	-----	--	----

4.6 If yes, how far away from home? _____

4.7 Are you willing to work shiftwork?

	YES		NO		MAYBE
--	-----	--	----	--	-------

4.8 Are you willing to work in a remote location?

	YES		NO
--	-----	--	----

4.9 Do you have Computer / Technology Skills?

	Microsoft Word
	Microsoft Excel
	PowerPoint
	Email / Internet Navigation
	Other

4.10 Physical Capability(ies)

	Sitting
	Standing
	Lifting over 50 pounds
	Walking
	Outdoor work
	Other

CHI MINO OZHITOOWIN LABOUR FORCE DATABASE SURVEY

4.11 What are your Barriers to Employment (check all that apply)

<input type="checkbox"/>	None
<input type="checkbox"/>	Remoteness
<input type="checkbox"/>	Language
<input type="checkbox"/>	Education
<input type="checkbox"/>	Finances
<input type="checkbox"/>	Dependent Care
<input type="checkbox"/>	Lack of Labour Force
<input type="checkbox"/>	Lack of Work Experience
<input type="checkbox"/>	Lack of Transportation
<input type="checkbox"/>	Lack of Marketable Skills
<input type="checkbox"/>	Physical, Emotional, Mental Health Issues
<input type="checkbox"/>	Lack of Life Skills
<input type="checkbox"/>	Lack of Work Gear
<input type="checkbox"/>	Lack of Vaccination if a requirement for work
<input type="checkbox"/>	Other

4.12 In your household how many people (spouse, children, parents, other) are you responsible for?

4.13 Do you require childcare during training?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
--------------------------	-----	--------------------------	----

4.14 Are you in a Suboxone/Methadone Program that we may support you?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
--------------------------	-----	--------------------------	----

4.15 Are you willing to work on the powerline construction project, staying in a camp on a rotational basis?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
--------------------------	-----	--------------------------	----

CHI MINO OZHITOOWIN LABOUR FORCE DATABASE SURVEY

5.0 Do you have the following traditional skills?

	Trapping
	Hunting
	Fishing
	Beading
	Painting
	Carving
	Woodworking
	Other

CHI MINO OZHITOOWIN LABOUR FORCE DATABASE SURVEY

*Agreement / Consent

I certify that the information provided by me is true and complete and given voluntarily. I hereby grant permission for the collection, use and disclosure of personal information contained in the Community Skills Inventory database to collectively shared with the Chi Mino Ozhitowin and its authorized agents for the purposes of helping me access employment and/or meet my training and career goals, and to monitor compliance with Indigenous/First Nation participation commitments made to Chi Mino Ozhitowin by employers and contractors working on the project. I understand the nature, purpose, and consequences (including risk of harm) of what I am consenting to.

I understand I can withdraw my consent at any time by making a request – in writing via email to the Community Engagement Coordinator at the Band Office.

*Date (dd/mm/yyyy): _____

*Name (please print): _____

*Signature: _____

<i>For Internal Purposes</i>	
Survey Location	
Community Event	
Surveyor	
Data Entered in Database on Date:	
Initialed:	