



EMPLOYMENT AND TRAINING

### **To Employment & Training Applicants**

Our services are available to the Mississaugas of the New Credit First Nation Band Members who require training to obtain employment or require employment assistance to maintain their current employment where employers do not offer assistance.

Enclosed is an application package for the Mississaugas of the New Credit Employment & Training. Please fill out application package **completely** making sure your signature is provided on all necessary forms.

To avoid delays, when you submit your application ensure the following items are included:

- **Client Intake Application – 6 pages to be completed fully**
- **Copy of your Status Card – if not on file already**
- **Copy of course outline/ brochure, including tuition costs**
- **Updated resume**

Applications are approved on individual basis and eligibility under current funding criteria. Reimbursement of any costs will only be processed if a prior approval has been granted for eligible expenditures.

High cost training requests require a minimum of 4 weeks to be properly researched and assessed.

Should you require further information on our services and programs or if you have any questions or concerns please call or write to us at the address below.

Sincerely,

Andrea King  
LDM Coordinator  
Employment & Training





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## CONSENT TO THE RELEASE OF INFORMATION

I, \_\_\_\_\_ consent to release of information between any representative of the Mississaugas of New Credit office and representatives of the following agencies with respect to my educational, training or employment related activities:

- ✓ Human Resources Development Canada/Service Canada
- ✓ Accountability Resources Management Services (ARMS) Data collection Tool
- ✓ Local Delivery Mechanism: Mississaugas of the New Credit
- ✓ Mississaugas of the New Credit First Nation Education Department
- ✓ Mississaugas of the Credit First Nations Band Council: Band # only
- ✓ Ontario Works Office
- ✓ Ontario Disability Office
- ✓ Child care provider: \_\_\_\_\_
- ✓ Training Institution: \_\_\_\_\_
- ✓ Other: \_\_\_\_\_
- ✓ Other: \_\_\_\_\_
- ✓ Other: \_\_\_\_\_

As the service delivery agent, we require all information in regards to course duration, attendance, academic performance or any other information pertinent to the request. Any exchange of information will be held in the strictest confidence between all parties noted above where applicable.

Dated at Mississaugas of New Credit First Nation,

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness





## PARTICIPANT INTAKE APPLICATION

*PERSONAL INFORMATION						EMPLOYMENT AND TRAINING	
First Name*		Initial*		Last Name*			
Address*				S.I.N.*		Sex*	
City*		Postal Code*		Phone *		D.O.B*	

Optional contact methods Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

*BAND AFFILIATION											
Status		Non-Status		Metis		Inuit		Live On Reserve (NC)		Live Off Reserve	
Band											
Registry#						LDM	Mississaugas of the New Credit				

EMPLOYMENT or TRAINING HISTORY					
Company/Training Centre		Title/Course		Start & End Dates	
*Highest Education Level				Year Attained	





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**\*PREVIOUS FUNDING RECEIVED from Employment & Training**

Training Received		Year of Funding:
Training Received		Year of Funding:

**OTHER INFORMATION**

* Have you completed a MNCFN Demographic Survey in the past year? (April -March)	YES NO		Can we send you the forms and you will be entered in the Annual \$500.00 Draw.	YES NO	
Driver's License Class - AZ, DZ, F, G			Access to Transportation: own car or a reliable ride		
Certificates/Licenses i.e First Aid, WHMIS, Fall Arrest etc.					
Willing to Relocate outside of current area		Where			
Work Preferences- Job Type					

**\*MARITAL STATUS**

Single		Married		Common Law		Widow		Other	
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**Employment and Training**

Mississaugas of the Credit First Nation  
659 New Credit Rd. Bldg #1 Hagersville, ON N0A 1H0

Ph: 905-768-2232





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**\*PARENTAL STATUS**

Dependants Name (under 18yrs)	Age	Any Special Needs of Child

**\*ALL CURRENT HOUSHOLD INCOME**

Source (Self and/or Spouse)	Contact for Source of Income	Amount
Employment Insurance		
Ontario Works/General Welfare		
Family Benefits		
Workers Compensation		
Disibility		
Employed		
Child Support		
Band Funding		
Ontario/Canada Student Assistant Program		
Other-		

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CONTACT INFORMATION FOR INCOME VERIFICATION – Employer Contact					
Organization Name					
Address		City		Postal Code	
*Contact Name		*Phone		Fax	

INSTITUTE offering Requested Training					
*Name					
Address		City		Postal Code	
*Contact Person		*Phone		Fax	
Occupational Training					
Start Date		End Date		No. of weeks	

*ESTIMATED COSTS (if known) - attach documentation of costs if available	
Total Course Fees (tuition costs):	
Total Related Costs: (books, lab fees, details)	
Allowances: (living/childcare...details)	
Total Cost-Travel (.25/km)	
<b>GRAND TOTAL OF REQUEST</b>	

\*Signature \_\_\_\_\_

Date \_\_\_\_\_

Please ensure all areas with an asterisk (\*) are completed - incomplete sections can cause delays in processing.





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## **PARTICIPANT ACTION PLAN**

In order for Mississaugas of the New Credit Employment & Training to assist you in obtaining your career goals, we require you to create an Action Plan clearly outlining your short and long-term goals so that we may better guide you. You may wish to write directly on this form or use a separate piece of paper.

1. **What have you been doing for the past several years? (i.e.: working, hobbies, education, training, attending school, raising a family, etc.)**  

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2. **What type of career do you think you would be good at? Have you had any jobs or had education in your chosen field? What kind of work are you currently looking for? For example would you prefer outdoors, clerical, technical, skilled trades?**  

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3. **What are your expectations for your career path in the next five years?**  

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4. **What steps do you feel that you need to take in order to get yourself into your chosen career? State where you need to receive more training or education, for example: Grade 12 or equivalency, literacy skills, time management skills, business skills...**  

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

