

## Mining Life: Steps to Success

Length: 12 weeks

Start Date: September 21, 2020

This is a 12-week pre-employment training program that teaches mining and work-readiness skills.

To keep trainees as safe as possible from potential Covid-19 exposure:

- In-person training will be offered in Yellowknife, with special Covid-19 safety precautions in place.
- A virtual stream of the program will be offered to NWT residents living in communities outside of Yellowknife. Laptops and internet will be provided.

To apply, contact the Mine Training Society at 1-888-765-0445 or [mts@minetraining.ca](mailto:mts@minetraining.ca)

**Application Deadline: September 4, 2020**

***To apply, you will need to meet the following requirements:***

- Must be 18 years of age (One valid photo ID)
- Mine Training Society Client Assessment Form
- Updated Resume
- Letter of Interest
- Grade 10
- High School Transcript
- Two references (preferably letters)
- Criminal Records Check
- Minimum Class 7 driver's licence (asset)

Should you have any questions regarding the requirements, please feel free to contact the office:

Mine Training Society  
5110 – 49<sup>th</sup> Street  
Yellowknife, NT X1A1P8  
Phone: 1-888-765-0445 Fax: 867-765-0446

Email: [mts@minetraining.ca](mailto:mts@minetraining.ca)

Facebook: Mine Training Society

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

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

How did you hear about our course? \_\_\_\_\_

## CLIENT ASSESSMENT

<b>Assessed by:</b>		<b>Date:</b>		<b>Client ID:</b>	
<b>Social Insurance #:</b>			<b>Which program are you applying for?</b>		
<b>Full Name:</b>			<b>Marital Status:</b>		
<b>Birthdate:</b> MM      DD      YYYY			<b>Male      /      Female</b>		
<b>Are you an indigenous person of Canada?:</b>			<b>Yes      /      No</b>		
<b>Band/ Claimant group:</b>			<b>Other:</b>		
<b>Do you have a disability?</b>					
<b>Languages</b>					
<b>Preferred Language:</b>			<b>Secondary:</b>		
<b>Specify (if other):</b>			<b>Specify (if other):</b>		
<b>Education Information</b>					
<b>Highest grade Level completed:</b>			<b>Year completed:</b>		
<b>School Attended:</b>					
<b>Post-Secondary:</b>			<b>Year completed:</b>		
<b>Contact Information</b>					
<b>Primary Telephone:</b>			<b>E-Mail:</b>		
<b>Alternative Telephone:</b>			<b>Do you have facebook:</b>		
<b>Mailing Address</b>			<b>Residential Address (if different)</b>		
<b>Street/PO Box</b>			<b>Street/PO Box</b>		
<b>City:</b>			<b>City:</b>		
<b>Province:</b>			<b>Province:</b>		
<b>Postal Code:</b>			<b>Postal Code:</b>		
<b>Dependents</b>					
<b>Name of Dependent</b>		<b>Year of Birth</b>		<b>Relationship to you</b>	
<b>Sponsorship Information</b>		<b>First Nation</b>		<b>EI      SFA      Other</b>	
				<b>Please Circle One</b>	
<b>Attached Resume:</b>		<b>Hard Copy ✓:</b>		<b>Emailed ✓:</b>	

### CLIENT ASSESSMENT

Education Level:		Check if applicable	Comments:
No formal education			
Up to Grade: <input type="radio"/> 7-8 <input type="radio"/> 9-10 <input type="radio"/> 11-12 <input type="radio"/> High School Diploma <input type="radio"/> GED <small>Check one</small>			
Some post-secondary training:			
Apprenticeships, or trades cert, or diploma:			
University certificate or diploma:			
University - Bachelor's Degree:			
University - Master's Degree:			
University – Doctorate:			
Education Province <small>Check all that apply</small>		Quebec	British Columbia
<input type="checkbox"/> PEI		<input type="checkbox"/> Ontario	<input type="checkbox"/> Yukon
<input type="checkbox"/> Newfoundland		<input type="checkbox"/> Manitoba	<input type="checkbox"/> Northwest Territories
<input type="checkbox"/> Nova Scotia		<input type="checkbox"/> Saskatchewan	<input type="checkbox"/> Nunavut
<input type="checkbox"/> New Brunswick		<input type="checkbox"/> Alberta	<input type="checkbox"/> Outside Canada
Driver's License		Class	
Do you have a driver's License: <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Class 7 <input type="radio"/> Class 5 <input type="radio"/> Class 5P <input type="radio"/> Class 3 <input type="radio"/> Class 1	
Are you on Social Assistance: <input type="radio"/> Yes <input type="radio"/> No			
Are you on EI: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Former/Reachback Client			
Childcare Required for action plan: <input type="radio"/> Yes <input type="radio"/> No			
V	Barrier to Employment <small>Check all that apply</small>		
<input type="checkbox"/>	None	<input type="checkbox"/>	Education
<input type="checkbox"/>	Lack of labour force attachment	<input type="checkbox"/>	Economic
<input type="checkbox"/>	Lack of work experience	<input type="checkbox"/>	Dependent care
<input type="checkbox"/>	Lack of transportation	<input type="checkbox"/>	Lack of marketable skills
<input type="checkbox"/>	Remoteness	<input type="checkbox"/>	Physical, emotional or mental health
<input type="checkbox"/>	Language	<input type="checkbox"/>	Not legally entitled to work in Canada
<input type="checkbox"/>	Criminal Record	<input type="checkbox"/>	Other barrier not listed above
Comments:			

**RELEASE AGREEMENT AND PARTICIPANT'S DECLARATION**

1) I hereby consent to sharing of any information regarding my training and employment status and any aspect to be disclosed, when required on an as needed basis to Government of Canada and its successor departments and agencies, as well as Government of the Northwest Territories, Potential employers, and First Nations, and organizations under contract to either of these department to provide employment related benefits and services. (Please initial)\_\_\_\_\_.

1a) I understand that information, when provided to Canada, is protected under Canada's Privacy Act and that I have a right under the Privacy Act to obtain access to that information from Canada. (Please initial)\_\_\_\_\_.

2) I hereby declare and acknowledge that the information contained within this document is complete and true in every respect. (Please Initial) \_\_\_\_\_.

3) I \_\_\_\_\_ agree to the use of my name, pictures, data and other relevant information by The Mine Training Society in documentary, newsletters, and statistics relevant to the training program, at The Mine Training Society having exclusive rights to use the picture, video, statistics and relevant information at any time and for future use at The Mine Training Society, I will have no future claim to the information, data, or pictures. (Please Initial) \_\_\_\_\_.

3a) I consent to the use and disclosure of elements of my personal information, contained in the said stories, photographs and/or videotapes. (Please Initial) \_\_\_\_\_.

Participant's Name (Please Print):	
Participant's Signature:	
Date:	
Witness Name (Please print):	
Witness Signature:	
Date:	

**Emergency Contact:**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_





## CRIMINAL HISTORY SELF-DECLARATION

The Mine Training Society works in partnership with the mining industry and is committed to providing trained individuals. An individual's criminal record will be assessed against the potential risks that such a record may pose to the mining industry's people, assets and activities.

You are required to complete and submit this form to the Mine Training Society to the attention of the Project Coordinator at 867-765-0445 or 5110-49<sup>th</sup> Street, Yellowknife, NT X1A 1P8.

\*You are not required to reveal a conviction under the Young Offenders Act nor the details of a conviction for which you have been granted a Pardon.

Please mark (X) the box that applies to you:

Have you ever been convicted of a Criminal Offence for which a Pardon has not been granted? \*

NO  YES I have been convicted of a Criminal Offence that I have not been pardoned for.  
Please indicate in space provided

	Type of Conviction	Location of Conviction Community/Territory/Province	Date

(If more space is required, please attach a separate sheet.)

By signing this form, you are consenting to this information being disclosed to and used by the Mine Training Society to determine your suitability for training or employment. You are also consenting to further information from third parties for the purposes of making that determination. **Providing a false self-declaration will result in disciplinary action and may include dismissal or termination of training or employment.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT: \_\_\_\_\_  
(LAST Name)      (FIRST Name)      (Middle Name(s))

DATE OF BIRTH: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
(day-month-year)

Home Phone ( ) \_\_\_\_\_

Complete Residential  
Address:

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