



Ogemawahj Tribal Training and Economic Resources (OTTER)

Case File Number: _____

Application for:

- | | |
|---|--|
| <input type="checkbox"/> Employment Assistance | <input type="checkbox"/> Targeted Wage Subsidy |
| <input type="checkbox"/> Skills Training | <input type="checkbox"/> Summer Career Placement |
| <input type="checkbox"/> Work Gear | <input type="checkbox"/> Apprenticeships |
| <input type="checkbox"/> Employment Maintenance | Other: _____ |

Personal Information Form (PIF)

Personal Identification

Full Name: _____ Date: _____
Last First Middle Initial

SIN: _____

Address: _____
Street Address Apartment/Unit #

_____ *City Province Postal Code*

Phone: () _____ E-mail Address: _____
Cell: () _____

Gender: Male Female Non-Binary Date of Birth: Month /Date/Year: / /

Indigenous Group: Status Non Status Metis Inuit

Band Name: _____ Card Number: _____
Band Number: _____

Are you a Canadian citizen? YES NO Marital Status: Single Married Common-law

of Dependents: _____ Ages: _____

Disability: Yes No Hearing Learning Mental Health Motor Skills Other: _____

Preferred Language: _____

Valid Driver's License: Yes No Do you own your own car: Yes No

How did you hear about us? Social media Friend/Relative Other

Education

High School: _____ City/Prov: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Post Sec: _____ City/Prov: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ City/Prov: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other Cert.: _____ Level: Basic Advanced

Date: _____ Expiry Date: _____

Sources of Income

Are you currently receiving EI benefits? Yes No

Have you received EI benefits within the last 5 years? Yes No

Have you received EI Maternity/Parental benefits within the last 5 yrs Yes No

Are you receiving Ontario Works (Income Assistance/Welfare)? If YES, how long? Yes No Start date (M/D/Y): / /

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I am aware that this information will be uploaded with a quarterly report to Service Canada. Also, information will be shared with relevant professional staff. Any information will be shared with Service Canada is protected under the Privacy Act and I have a right to obtain access to that information from the Province of Ontario: [Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31 \(ontario.ca\)](#).

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____