



**Mamalilikulla First Nation Skills Inventory Survey - (continued)**

**SOURCE OF INCOME**

**Please check all applicable sources:**

- |   |   |
|---|---|
| <input type="radio"/> Employed full-time                              | <input type="radio"/> Self-employed                         |
| <input type="radio"/> Employed part-time                              | <input type="radio"/> Registered company                    |
| <input type="radio"/> Employed seasonally                             | <input type="radio"/> Incorporated                          |
| <input type="radio"/> Currently receiving EI                          | <input type="radio"/> Currently receiving income assistance |
| <input type="radio"/> Currently receiving maternity/parental benefits | <input type="radio"/> Expected to work                      |
| <input type="radio"/> Currently receiving Worker's Compensation       | <input type="radio"/> Persistent multiple barriers          |
| <input type="radio"/> Currently receiving Disability benefits         | How long have you been on income assistance?                |

**EI benefit history:**

- Received EI benefits within the last 3 years       Received Maternity/Parental benefits within last 3 years

**PREVIOUS/CURRENT EMPLOYMENT STATUS**

**Are you currently employed?**

- Yes       No

Full-time

Part-time

**Hours per week?** \_\_\_\_\_

**Would you be interested in training if you could make more money?**

- Yes       No

**Industry:**

- Agriculture, forestry, fishing, hunting
- Mining, quarrying, oil and gas extraction
- Utilities
- Construction
- Manufacturing
- Wholesale trade
- Retail trade
- Transportation and warehousing
- Information and cultural industries

Finance and insurance

Real estate and rental and leasing

Professional, scientific, and technical services

Management of companies and enterprises

Administration and support, waste management and remediation services

Public administration

Other services (please specify)

\_\_\_\_\_

**Do you have previous experience in a different industry?**

- Yes       No

**If yes, what industry?** \_\_\_\_\_

**BARRIERS TO EMPLOYMENT**

Mobility/transportation

Disability

Childcare

Lack of skills/experience

Education

Other (please specify)

\_\_\_\_\_

**EMPLOYMENT GOALS**

**If you had support, what career or trade(s) would you like to complete?** \_\_\_\_\_

**Would you be interested in out-of-town work like a camp job?**     Yes       No

I certify that my answers are true and complete to the best of my knowledge. I am well aware that this information will be uploaded into our database. Also, information will be shared with relevant professional counselors and is protected under the Privacy Act and I have a right to obtain access to that information. All questions are voluntary and all information is strictly confidential. This survey is a result of a directive from the membership.

**If you agree with the above statement, please add your name here:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional comments:**

\_\_\_\_\_