

SQUAMISH NATION VOLUNTARY SKILLS INVENTORY SURVEY

*Information shared will remain confidential; for data collection purposes only



Full Name:		
Last:	First:	Middle Initial:
Contact info:		
Primary number:	Cell/Message:	Email:
Gender:	Age group: <input type="checkbox"/> 15-19 <input type="checkbox"/> 30-45 <input type="checkbox"/> 20-29 <input type="checkbox"/> 46-64 <input type="checkbox"/> 65+	Do you live on or off-reserve? <input type="checkbox"/> On-reserve <input type="checkbox"/> Off-reserve
Membership Status #:	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Com-law <input type="checkbox"/> Separated	# of Dependent(s): _____ Age(s) of Dependent(s): _____ Dependent with disability: Y / N
Do you have a Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what does your disability affect? <input type="checkbox"/> Hearing <input type="checkbox"/> Physical Health <input type="checkbox"/> Learning <input type="checkbox"/> Mental Health <input type="checkbox"/> Motorskills <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Individual education (please specify): _____	
Do you have a valid driver's License? YES / NO		
<input type="checkbox"/> L	<input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
EDUCATION & TRAINING		
Has work or school ever been a struggle? <input type="checkbox"/> most of the time <input type="checkbox"/> almost never Please share (explain): <input type="checkbox"/> some of the time <input type="checkbox"/> never		
Highest level of education or training you have completed.		
<input type="checkbox"/> No formal education/training <input type="checkbox"/> Primary (K to Gr 7) <input type="checkbox"/> Some Secondary (Gr 8 - 12) Highest grade completed: _____ <input type="checkbox"/> School completion certificate (Evergreen Certificate) <input type="checkbox"/> Secondary graduation (Dogwood Diploma) <input type="checkbox"/> GED diploma <input type="checkbox"/> Adult Dogwood/ Adult Basic Education diploma		
<input type="checkbox"/> Some Technical or vocational training (ie. BCIT, trades training) <input type="checkbox"/> Advanced certificate/completed (ie. Journeyman ticket) <input type="checkbox"/> Some college/university <input type="checkbox"/> College graduation (ie. Associate degree, college diploma) <input type="checkbox"/> Bachelor's degree/professional qualification (or both) <input type="checkbox"/> Graduate diploma/degree		
Highest qualification/credentials you have completed to date?		
Occupational certificates held: Check all that apply		
<input type="checkbox"/> Occupational First Aid Level 1 <input type="checkbox"/> Lockout <input type="checkbox"/> Occupational First Aid Level 2 <input type="checkbox"/> Transportation of Dangerous Goods <input type="checkbox"/> Occupational First Aid Level 3 <input type="checkbox"/> Young/New Worker Orientation <input type="checkbox"/> Occupational First Aid Level 3 (Pro Renewal) <input type="checkbox"/> Transportation Endorsement <input type="checkbox"/> Low/Moderate Risk Traffic Control <input type="checkbox"/> Confined Space <input type="checkbox"/> Traffic Control Person Certification <input type="checkbox"/> Construction Safety Training System (CSTS) <input type="checkbox"/> Aerial Boom Lift Operator <input type="checkbox"/> Fall Protection <input type="checkbox"/> Backhoe Operator <input type="checkbox"/> FoodSafe Level 1 <input type="checkbox"/> H2S Alive		
<input type="checkbox"/> Emergency First Aid with CPR/AED Level C <input type="checkbox"/> Emergency First Aid with CPR/AED Level C Recertification <input type="checkbox"/> Standard First Aid with CPR/AED Level C <input type="checkbox"/> Standard First Aid with CPR/AED Level C Recertification <input type="checkbox"/> Counterbalanced Forklift Operator <input type="checkbox"/> Scissor Lift Operator <input type="checkbox"/> Variable Reach Forklift Operator <input type="checkbox"/> CPR/AED Level C <input type="checkbox"/> CPR/AED Level C Re-certification <input type="checkbox"/> Emergency Child Care First Aid with CPR/AED Level B		
Additional Certificates?: _____		
Prize Draw		
All survey respondents are eligible for entry into a prize draw. Prizes to be awarded include:		
<ul style="list-style-type: none"> • 2 Apple Ipad Air A7 32GB (each approximate value of \$350) • 2 Save on food gift cards (\$200 value) • 2 prepaid VISA card (\$100 value) 		Would you like to be entered into the prize draw? <input type="checkbox"/> Yes <input type="checkbox"/> No

SOURCE OF INCOME

Please check all applicable sources:

- | | |
|--|--|
| <input type="checkbox"/> Employed full-time
<input type="checkbox"/> Employed part-time
<input type="checkbox"/> Employed seasonally
<input type="checkbox"/> Currently receiving EI
<input type="checkbox"/> Currently receiving Maternity/Parental Benefits
<input type="checkbox"/> Currently receiving Worker's Compensation
<input type="checkbox"/> Currently receiving Disability benefits (CPP, STD, LTD, PWD) | <input type="checkbox"/> Self-employed (ex. Carving/fishing) <ul style="list-style-type: none"> • Registered company • incorporated <input type="checkbox"/> Currently receiving income assistance <ul style="list-style-type: none"> • Expected to work • Persistent multiple barriers (PMB) 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 5 years

PREVIOUS/CURRENT EMPLOYMENT

Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal <input type="checkbox"/> On-Call <input type="checkbox"/> Entrepreneur	Would be you interested in training if you could make more money?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Current Industry:	<input type="checkbox"/> Agriculture, forestry, fishing and hunting <input type="checkbox"/> Mining, quarrying, and oil and gas extraction <input type="checkbox"/> Utilities <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale trade <input type="checkbox"/> Retail trade <input type="checkbox"/> Transportation, Postal, and warehousing <input type="checkbox"/> Information and cultural industries <input type="checkbox"/> Green energy/electrical <input type="checkbox"/> Education & Training <input type="checkbox"/> Arts & Recreation Services	<input type="checkbox"/> Finance and insurance <input type="checkbox"/> Real estate and rental and leasing <input type="checkbox"/> Professional, scientific, and technical services <input type="checkbox"/> Management of companies and enterprises <input type="checkbox"/> Administrative and support services <input type="checkbox"/> Waste management and remediation services <input type="checkbox"/> Public administration & Safety <input type="checkbox"/> Other (please specify): _____
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Do you have previous experience in a different industry? Yes
 No

Share previous Industries you have experience in:

BARRIERS TO EMPLOYMENT (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Mobility/transportation
<input type="checkbox"/> Lack of skills/experience
<input type="checkbox"/> Lack of education
<input type="checkbox"/> Employer biases
<input type="checkbox"/> Housing issues/homeless
<input type="checkbox"/> Physical health issues
<input type="checkbox"/> Little or no work history | <input type="checkbox"/> Disability
<input type="checkbox"/> Childcare
<input type="checkbox"/> Mental health cond.
<input type="checkbox"/> Employment gaps
<input type="checkbox"/> Lack confidence/low self esteem
<input type="checkbox"/> Sick family member | <input type="checkbox"/> Childcare
<input type="checkbox"/> Ineffective job search skills
<input type="checkbox"/> Long term Income Assistance client
<input type="checkbox"/> Lack of formal qualifications
<input type="checkbox"/> Need IT skills training
<input type="checkbox"/> Have dependent w/special needs
<input type="checkbox"/> Other (please specify) |
|---|--|---|

EMPLOYMENT GOALS

If you had support, what career or trade(s) would you like to complete?	If you had the opportunity to, would you be interested in out-of-town work/training that would require temporary relocation (for example Camp job, training in another city)?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

DISCLAIMER & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I am aware that this information will be shared with relevant professionals at Squamish Nation Employment Training & Trades, and is protected under the Privacy Act. All questions are voluntary and all information is strictly confidential.

Signature: _____

Date: _____

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Education, Employment & Training