



Tsilhqot'in National Government Human Resource Inventory Questionnaire

Thank you for taking the time to complete this Human Resources Inventory Questionnaire.

The purpose of this questionnaire is to find out about the work skills and education of membership. By having this information we will have a better opportunity of matching our members to jobs when outside companies/industries want to do business in our territory.

CONSENT

The data collected in this questionnaire includes personal information about you; therefore, we require your consent to collect, store and use this information.

The Tsilhqot'in National Government will not disclose any personal information about you to any potential employer without your approval prior to the release of the information and you also have the right, at any time, to withdraw your consent for TNG to collect, store and use your information.

I have read and understand the explanation above and give my consent to Tsilhqot'in Nation Government to collect, store and use the information that I provide here.

Name: _____

Signature: _____

Date: _____

Tsilhqot'in National Government Human Resource Inventory Questionnaire

PERSONAL INFORMATION

Name	
Address	
Telephone	
Email	
Date of Birth	
Band	

Is there another place where we can contact you (ie. Relative), If YES please specify below:

Name	
Address	
Telephone	

1. Do you speak Tsilhqot'in fluently? yes No
2. Do you have a valid driver's license? yes No
3. If yes, what class? _____

EMPLOYMENT HISTORY

4. Are you currently employed? yes No
5. Are you between jobs? yes No
6. If you are employed..... full time Part time
7. Have you ever been self-employed? yes No
8. If you are not working are there things that are preventing you from working right now?
 yes No

<input type="checkbox"/> Injury <input type="checkbox"/> Disability <input type="checkbox"/> Caretaker Responsibility <input type="checkbox"/> Lack of work opportunities <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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9. If you are not working are you collecting income assistance (social assistance), employment insurance (EI) or workers compensation (WCB) benefits?

Benefit	Yes	No	If 'yes'...Start Date of Benefit
Employment Insurance			
Workers Compensation (WCB)			
Social Assistance (SA)			
Disability			
Other: _____			

10. If you are NOT presently employed, Do you want to work?

- Yes
 No (please explain)

If Yes. What kind of employment would you prefer:

- Title: _____
- Full time
 Part time
 Seasonal

11. What barriers, if any, are preventing you from getting the job that you are most interested in?

Lack of Education/Training
 Disability
 Housing Issues
 Childcare
 Eldercare
 Transportation
 Confidence
 Health
 Age
 Other: _____
 Other: _____

PREVIOUS JOBS

12. What jobs have you held in the last five years? (Please begin with most recent and work backwards)(include information on full time, part time and seasonal employment)

****Note, if you have a current resume, please attach rather than fill out the form**

Employer	Year	Title	Comments

EDUCATION

13. What is the highest grade level that you have completed?

- Less than Grade 8
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12

14. Are you currently in high school?

- No
- Yes (if yes, where)

15. Are you currently

- Studying for your GED?
- Enrolled in an upgrading program?
- Going to GROW?
- N/A

16. Have you taken any post-secondary education?

- No
- Yes (if yes please complete the following)

Name of School	Program?	Did you complete	Did you receive certificate/diploma etc...if so what is the name of it?

17. If you haven't taken any post-secondary education, is it something you would consider? If YES what course or program would you like to take?

TECHNICAL CERTIFICATES AND ON-THE-JOB TRAINING

18. Have you taken any type of trades or on-the-job training in the past?

- No
- Yes (what type and when)

OTHER TYPES OF TRAINING

1. Do you have any traditional on-the-land or other work skills that were acquired without formal training? If YES, please specify below.

Would you be confident in providing workshops on any of the above? yes No

2. Have you taken any of the following training?

Course	Is your ticket still valid?
Standard First Aid	
Confined Space	
Construction Safety Training	
Fall Restraint/Fall Protection	
Food Safe Level 1	
Forklift Training	
H2S Alive – Sour Gas	
Transportation of Dangerous Goods	
WHMIS	
Scaffolding Safety	

FORESTRY SPECIFIC

Tickets	Name	Obtained	Expiry Date
S-100	Basic Fire Suppression & Fire line safety (combines S130,S190, S2320)		
S-100a	Refresher		
S-130	Fundamentals of Firefighting		
S-185	Fire Entrapment Avoidance		
S-190	Fireline Safety		
S-211	Fire Weather		
S-212	Fire Communications		
S-230	Crew Boss		
S-232	Portable pumps and water delivery systems		
S-235	Burning Off and backfiring		
ICS 100	Introduction to Incident Command System		
WHMIS	Workplace Hazardous Material		
TDG	Transportation of Dangerous Goods		
	Powersaw Operator		
	ATV Safety		
	Fall Protection		
	Chainsaw Safety		
	Danger Tree Assessor – Wildfire		
	Danger Tree Assessor-Silviculture		
	BC Falling Supervisor		
	GPS Locator		
	Compass/Map Reading		
	Log Scaling		
	Confined Space		
	H2S Alive		
	First Aid level 1		
	First Aid level 2		
	First Aid level 3		

Do you own any forestry equipment? yes No

If YES, please list:

Do you own a reliable vehicle? yes No

If Yes, what type? _____

How many years' experience do you have in forestry? _____

Would you be willing to relocate: yes No

Would you consider taking a camp job? yes No

Please feel free to add any additional information that you feel is important.

Do you have any other trade tickets, certifications, professional licenses or other registrations not yet covered?

- No
- Yes (if yes, what are they)

Do you have any other skills that you feel are important to mention?