

# Taku River Tlingit First Nation September 2009

## Human Resources Inventory Questionnaire

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

The reason for these questions is to find out about the work skills that TRTFN citizens have or training that they would like to have. Your answers will help TRTFN to identify job opportunities and make training plans to improve access to jobs.

Before you begin to answer the questions, we suggest that you first look over the entire questionnaire.

### CONSENT

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

By providing your consent, you agree to allow the Taku River Tlingit First Nation (TRTFN) and those working for TRTFN on the Human Resources Inventory to collect the information in this questionnaire, to store the information, and to use the information to identify employment opportunities and develop training plans.

TRTFN will not disclose any personal information about you to any potential employer without your approval prior to the release of the information.

You have the right, at any time, to review the information from this questionnaire that is held by TRTFN. The information will also be able to be updated through a process that has not yet been established. You also have the right, at any time, to withdraw your consent for TRTFN to collect, store and use the information.

I understand the explanation above and give my consent to TRTFN to collect, store and use the information that I provide here.

---

(Name)

---

(Signature)

---

(Date)

NAME: \_\_\_\_\_ CODE NUMBER (Office Use): \_\_\_\_\_

CLAN: \_\_\_\_\_ CLAN HOUSE / CREST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Is there another place where we can contact you (example: a relative, etc.)?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YEAR OF BIRTH: \_\_\_\_\_

GENDER:  Male  Female

### **A. WORK SKILLS AND INTERESTS**

1 a). Do you have any work skills from your family or community life that are not usually paid for (examples: child care, elderly care, bookkeeping, cooking, etc.)?

Yes  No

1 b). If YES, what skills do you have?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 a). Do you have any traditional on-the-land or other work skills that were acquired without formal training?

Yes  No

2 b). If YES, what skills do you have?

---

---

---

3 a). Do you engage in traditional or cultural activities? (examples: fishing, hunting, harvesting, community or family responsibilities, etc.)

Yes       No

3 b). If YES, what activities do you engage in?

---

---

---

4 a). If YES, do you need to take time off from full-time work to engage in these activities?

Yes       No

4 b). If YES, how much time and when during the year?

---

---

---

5 a). Do you or have you worked as a volunteer?       Yes       No

5 b). If YES, please describe your volunteer work, including both the organization and the job:

Job/Organization \_\_\_\_\_ Year: \_\_\_\_\_

Job/Organization \_\_\_\_\_ Year: \_\_\_\_\_

Job/Organization \_\_\_\_\_ Year: \_\_\_\_\_

**B. EMPLOYMENT HISTORY**

6 a). Are you presently employed?  Yes  No

If YES, continue. If NO, go to question 7 a).

*(Explanation of Codes Used Below: FT – full time, PT – part time, S – seasonal or part of the year. Circle one or two, as a job might be full time, or part time and seasonal, for example)*

6 b). Describe your current job:

Title: \_\_\_\_\_ Circle one or two  
FT PT S

Job: \_\_\_\_\_

Employer: \_\_\_\_\_ Year when you started: \_\_\_\_\_

7 a). What jobs have you held in the last five years? (Please begin with the jobs in 2006 or 2005 and work back.)

Circle one or two

Job: _____	Employer: _____	Year: _____	FT	PT	S
Job: _____	Employer: _____	Year: _____	FT	PT	S
Job: _____	Employer: _____	Year: _____	FT	PT	S
Job: _____	Employer: _____	Year: _____	FT	PT	S
Job: _____	Employer: _____	Year: _____	FT	PT	S
Job: _____	Employer: _____	Year: _____	FT	PT	S
Job: _____	Employer: _____	Year: _____	FT	PT	S
Job: _____	Employer: _____	Year: _____	FT	PT	S
Job: _____	Employer: _____	Year: _____	FT	PT	S

7 b). Which of these jobs, if any, are/were in mining?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you ARE employed, go to question 9 a).

8 a). If you are NOT employed, why are you not employed?

---

8 b). Do you want to work?  Yes  No

8 c). If NO, what are the reasons why you choose not to work?

---

8 d). Are you collecting income assistance (social assistance or SA), employment insurance (EI) or worker's compensation (WCB) benefits?  Yes  No

8 e). If YES, which one and when did you begin receiving benefits?

---

9 a). Are you are interested in finding employment or changing your employment in the future?

Yes  No

9 b). If you are interested in a job, what kind of job do you want?

Circle one or two

First preference \_\_\_\_\_ FT PT S

Second preference \_\_\_\_\_ FT PT S

Third preference \_\_\_\_\_ FT PT S

9 c). What barriers are preventing you from getting the job that you are most interested in?

---

10. Check one or more of the following, if any apply:

\_\_\_\_\_ I am self-employed. What type of business? \_\_\_\_\_

\_\_\_\_\_ I get part of my income from commercial fishing.

\_\_\_\_\_ I get part of my income from trapping.

\_\_\_\_\_ Other (describe): \_\_\_\_\_

---

**C. EDUCATION**

(This section deals with schooling in K-12, college and university. Technical training, including technical certificates and on-the-job training, is covered in Section D.)

11. Circle the Grade level that you have completed.

Grade    8 or less    9    10    11    12

12 a). Are you in high school or doing upgrading?                       Yes                       No

12 b). If YES, which one?     High School                       Upgrading

12 c). If NO, would you be interested in taking upgrading?                       Yes                       No

13 a). Have you taken any community college education?                       Yes                       No

13 b). If YES, did you complete the program?                       Yes                       No

13 c). If you completed the program, when did you complete it? \_\_\_\_\_

13 d). If the program is still in progress, when will you complete it? \_\_\_\_\_

13 e). If the program is still in progress, what is left for you to do to complete the program?

\_\_\_\_\_

\_\_\_\_\_

13 f). Did you/will you receive a:                       Diploma                       Certificate

13 g). Name of the Diploma/Certificate \_\_\_\_\_

13 h). What is the name of the college? \_\_\_\_\_

13 i). If you hold other diplomas or certificates (except for technical certificates which are covered in Section D), please tell us what they are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14 a). Have you taken any university training?  Yes  No

If NO, go to question 15 a).

14 b). If YES, did you complete the program?  Yes  No

14 c). If you completed the program, when did you complete it? \_\_\_\_\_

14 d). If the program is still in progress, when will you complete it? \_\_\_\_\_

14 e). Which courses have you completed so far? \_\_\_\_\_

14 f). Did you/will you receive a  Degree  Diploma  Certificate

14 g). Name of the Degree, Diploma or Certificate \_\_\_\_\_

14 h). What is the name of the university? \_\_\_\_\_

14 i). If you hold more than one degree, please tell us what degree(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15 a). Are you interested in taking more education?  Yes  No

15 b). If YES, what course or program would you like to do?

\_\_\_\_\_

**D. TECHNICAL CERTIFICATES AND ON-THE-JOB TRAINING**

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

Yes       No

17. If YES, what job(s) have you trained for?

Skills or Types of Training	Length of Training	Year of Training	Location of Training	Certificate
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

18 a). Have you received Apprenticeship training?       Yes       No

18 b). If YES,

Trade(s) Apprenticed In	Year Apprenticeship Started
_____	_____
_____	_____
_____	_____

19 a). Have you completed your Apprenticeship training?       Yes       No

19 b). If NO, how many years of your Apprenticeship have you completed?

1       2       3       4

19 c). Do you plan to continue your Apprenticeship?       Yes       No

19 d). If NO, why not?

\_\_\_\_\_

20 a). Have you taken any other type of training?       Yes       No

\_\_\_\_\_

If YES,

20 b). Type of Training	Location	Length of Training	Who Provided it?	Certificate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

21 a). Are you interested in taking more training (technical, on-the-job, Apprenticed trades, etc)?

Yes       No

21 b). If YES, what training do you want?

\_\_\_\_\_

22 a). Do you have a driver's license?       Yes       No

22 b). If YES, what class?      \_\_\_\_\_

22 c). Do you have an air brake certification?       Yes       No

23 a). Do you have any other trade tickets, certifications, professional licenses or other registrations not yet mentioned?

Yes       No

23 b). If YES, what are they?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. What are your most important skills?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## E. MOBILITY

25. If you are not able to find employment in your community, are you willing to work at some other location?       Yes       No

If YES, continue.

26. On a scale of 1 to 9, rank the following options (where 1 is a low preference, 5 is a medium preference, and 9 is a high preference)

26 a). Work and live in another community

1      2      3      4      5      6      7      8      9      (circle one)

26 b). Work in the community or a camp nearby and return home every night

1      2      3      4      5      6      7      8      9      (circle one)

26 c). Work away from the community, but go home on weekends

1      2      3      4      5      6      7      8      9      (circle one)

26 d). Work away from the community for two or three weeks at one time and return home for a week (rotational work)

1      2      3      4      5      6      7      8      9      (circle one)

### END OF QUESTIONNAIRE - Gunałchîsh

- **Please mail your completed questionnaire to:**  
TRTFN HR Project, Box 132, Atlin, BC V0W1A0
- **If you are in Atlin, you may drop it off at the TRTFN Office, Attention Marian Holler, HR**
- **For further information, questions please phone:**

Marian Holler 250-651-7943

Please note that when all of your information is inputted into our TRTFN data base, we will be able to create a resume for you. Please let us know if you will be requiring one.