



Penwaaq L'nu'k - Benoit First Nation

811 Oceanview Dr.,
Degrau, NL. A0N 1T1
Tel: 709-272-2085
info.benoitfirstnation@gmail.com

BENOIT FIRST NATION MEMBER SKILLS INVENTORY QUESTIONNAIRE

Please note:

- a) The information contained in this questionnaire will be used primarily by the Employment and Training Committee.
- b) If you need assistance completing the questionnaire, please contact us.
- c) When you have completed the questionnaire please return it to the Band council.

Personal Information:

Full Name:

(Surname)

(First Name)

(Initial)

Mailing Address:

Home Telephone Number: _____

Languages Spoken: _____

Written: _____

EMPLOYMENT RELATED INFORMATION



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1. Your Employment History:

YEAR (From – to)	POSITION HELD	BRIEF DESCRIPTION OF DUTIES & JOB SKILLS

Please indicate the type of work you will be seeking, in order of preference:

- a) _____
- b) _____
- c) _____
- d) _____

Other related work skills and experience (include marketable skills from outside interests and hobbies):



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- a) _____
- b) _____
- c) _____
- d) _____

3. EDUCATION AND TRAINING

Please list the most recent educational institution attended and from which you graduated. This includes high school, trade school, and technical institute college and university:

Name of School: _____

Location: _____

Degree or Diploma: _____

Do you have any Trades Qualification? Yes / No

If yes, please list _____

Type and date of
Certification: _____

Do you hold an Apprenticeship or Trades Qualification in another Province or Country?

Yes / No

If yes, please list: _____

Please check or list all related tickets and certificates held:

WHMIS	_____	LEVEL	_____
TDG	_____	LEVEL	_____
FIRST AID	_____	LEVEL	_____
CPR	_____	LEVEL	_____
FIRE / RESCUE	_____	LEVEL	_____
OTHER	_____	LEVEL	_____
OTHER	_____	LEVEL	_____
OTHER	_____	LEVEL	_____

Please list any other special courses which you have taken:

Course Name

School

Year



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- a) _____
- b) _____
- c) _____
- d) _____
- e) _____
- f) _____

List other work-related skills:

- a) _____
- b) _____
- c) _____

Do you have a valid NL Drivers License? Yes / No Class _____

OTHER INFORMATION

Are you interested in more information about or assistance with the following?

- | | YES | NO |
|-----------------------------------|-------|-------|
| a) Resume Writing | _____ | _____ |
| b) Interview Training | _____ | _____ |
| c) Job Search training | _____ | _____ |
| d) Retraining or skills upgrade | _____ | _____ |
| e) Examining job options | _____ | _____ |
| f) Self-employment | _____ | _____ |
| g) How to start your own business | _____ | _____ |



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h) Personal counseling – indicate type _____

i) Financial planning _____

j) Other _____

If Yes to retraining or skills upgrade, please explain: _____

If yes to other, please explain: _____

Thank you for taking the time to complete this form. Please return it to the
Band Council.

Contact Information:

Office: 709-272-2085
Admin: 709-272-2082
Logistics: 709-214-4415

Email: office.bfngov@gmail.com
jobs.bfngov@gmail.com