

# Native Weatherization Training Application

DE-EE0004135

Applicant's Name: \_\_\_\_\_ Resident of: \_\_\_\_\_

Current Employer \_\_\_\_\_ Date of Hire: \_\_\_\_\_

I completed the pre-training test on \_\_\_\_\_ (date of test).

Describe past/current job positions or experience related to weatherization work and/or the field of construction, laborer or technician:

Explain the reason that you need weatherization training:

Current and previous employers:

EMPLOYING FIRM:	FROM:
'FIRM ADDRESS:	TO:
JOB TITLE:	HOURS PER WEEK:
DUTIES:	STARTING SALARY: \$ PER
	FINAL SALARY: \$ PER
	NO. OF EMPLOYEES SUPERVISED:
	NAME OF SUPERVISOR:
REASON FOR LEAVING:	
EMPLOYING FIRM:	FROM:
'FIRM ADDRESS:	TO:
JOB TITLE:	HOURS PER WEEK:
DUTIES:	STARTING SALARY: \$ PER
	FINAL SALARY: \$ PER
	NO. OF EMPLOYEES SUPERVISED:
	NAME OF SUPERVISOR:
REASON FOR LEAVING:	
EMPLOYING FIRM:	FROM:
'FIRM ADDRESS:	TO:
JOB TITLE:	HOURS PER WEEK:
DUTIES:	STARTING SALARY: \$ PER
	FINAL SALARY: \$ PER
	NO. OF EMPLOYEES SUPERVISED:
	NAME OF SUPERVISOR:
REASON FOR LEAVING:	

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14. LIST RELATIVES EMPLOYED BY T-H REGIONAL HOUSING AUTHORITY:  
 (1) NAME: RELATIONSHIP: DEPT:

(2) NAME: RELATIONSHIP: DEPT:

15. DO YOU HAVE A VALID ALASKA DRIVERS LICENSE ? [ ] YES [ ] NO IF YIF YES, LIST D.L NUMBER: DL#

16. HAVE YOU ANY PHYSICAL OR EMOTIONAL DEFECTS, DISEASE OR AILMENTS WHICH WOULD AFFECT YOUR PERFORMANCE ON A JOB ? [ ] YES [ ] NO IF YES, PLEASE GIVE DETAILS.

**EDUCATION & EXPERIENCE**

17. LIST CURRENT PROFESSIONAL LICENSES, CERTIFICATIONS, OR REGISTRATIONS:

18. LIST TYPES OF ELECTRONIC OR MECHANICAL EQUIPMENT OR MACHINES THAT YOU ARE QUALIFIED TO:

OPERATE	REPAIR

CURRENT STATE EMPLOYEES WITH PERMANENT OR PROBATIONARY STATUS NEED ONLY ENTER ENTER EXPERIENCE GAINED SINCE APPLYING FOR THEIR PRESENT POSITIONS WHEN COMPLETING ITEMS 19 THROUGH 26. IF YOU ARE SUCH AN EMPLOYEE, PLEASE CHECK THIS BOX [ ]

19. CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12

20. DATE LAST ATTENDED: | 21. DID YOU GRADUATE?: [ ] yes [ ] no

22. NAME AND ADDRESS OF GRADE OR HIGH SCHOOL LAST ATTENDED:

23. HIGH SCHOOL EQUIVALENCY CERTIFICATE (GED): (ISSUING AGENCY, NUMBER, DATE)

24. HIGH SCHOOL COURSES MOST RELATED TO THIS JOB CLASS:

25. EDUCATION OR TRAINING RECEIVED AFTER HIGH SCHOOL:

COLLEGE OR VOCATIONAL/TRADE SCHOOL NAME & LOCATION	NO. OF QUARTER HOURS EARNED	NO. OF SEMESTER HOURS EARNED	OTHER	GRAD UATED YES/NO	DEGREE AND YEAR	MAJOR OR SUBJECTS

**CERTIFICATE OF APPLICANT**

I HEREBY CERTIFY THAT ALL INFORMATION MADE ON OR IN CONNECTION WITH THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATION OR CONCEALMENT OF MATERIAL FACT WILL BE SUFFICIENT GROUND FOR REJECTION OF MY APPLICATION, REMOVAL FROM THE ELIGIBLE LIST, OR REMOVAL FROM EMPLOYMENT

DATE: \_\_\_\_\_ SIGNATURE ( in ink ) \_\_\_\_\_

CHECK YOUR APPLICATION! BE SURE THAT YOU HAVE FILLED IT IN COMPLETELY.

## Participant Training Agreement

1. If my Training Request is approved, I agree to report to training on time each day of training (TBD 8am-5pm) and complete all course work during the class.
2. I agree that after I have completed the training, I will continue to work for my current employer or Tlingit-Haida Regional Housing Authority for a period of time not less than nine (9) months unless I am involuntarily separated (laid off or reduction in force).
3. If I do not complete the training course as described per this Training Agreement, without good reason, I may be asked to reimburse the Tlingit-Haida Regional Housing Authority for training fees and travel expenses.
4. If I voluntarily leave my current employment or I am dismissed for cause before completing a period of time not less than three (3) months, I agree to reimburse the Tlingit-Haida Regional Housing Authority for the tuition and related fees, travel, per diem, and any other special expenses paid for in connection with my training.
5. If I am not currently employed or employed upon completion of training, I will seek employment as a result of my completion of Weatherization Training. If I cannot demonstrate my job search effort, I may be asked to reimburse the Tlingit-Haida Regional Housing Authority for training fees and travel expenses.

I have read and agree to the terms of the Participant Training Agreement above. I understand that it is expected that while on travel status I represent myself in a respectable manner and my conduct must be in accordance with the THRHA Drug-Free Workplace Policy. Drugs and alcohol are inappropriate disruptions that are not allowed while undertaking training activities delivered or paid for by THRHA or CCTHITA. Drugs and alcohol are not allowed on the premises at any time or at overnight accommodations arranged and paid for by THRHA or CCTHITA.

I understand that I will not be paid hourly wages for travel time, but may receive some allowance for meals for the day(s) of classroom training. I further acknowledge the terms and accept the conditions stipulated above.

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Trainee Participant Signature

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Date

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If your training request is approved, CCTHITA Wx Training Coordinator, Marianne Jacobs, will contact you. In the interim, please provide the following information:

Airline or Ferry schedule:

Date of departure to Juneau \_\_\_\_\_ Time \_\_\_\_\_

Date of return from Juneau \_\_\_\_\_ Time \_\_\_\_\_

Name of airline or Ferry: \_\_\_\_\_

Cost of round-trip Ferry or airline Travel: \_\_\_\_\_

If applicable, please have your current employer complete the following:

## AUTHORIZATION:

\_\_\_\_\_  
Current Supervisor's Signature:                      Date:

Approved

Disapproved If disapproved, state reason:

## **Submit completed application and other requested documents to:**

**Steve Bennett**  
**Tlingit-Haida Regional Housing Authority**  
**Tel 907 780 3154**  
**Fax 907 780 6253**  
**[sbennett@thrha.org](mailto:sbennett@thrha.org)**

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The following is for administrative purpose only, to be completed by CCTHITA and THRHA:

Date application provided to THRHA \_\_\_\_\_  
Employee initials

Applicant approved by THRHA for training on \_\_\_\_\_  
Employee initials

Date application approved by THRHA and notice provided to applicant \_\_\_\_\_  
Employee initials