

Tlingit-Haida Regional Housing Authority

Weatherization Training

Tlingit-Haida Regional Housing Authority (THRHA) seeks skilled workers to serve the needs of the AHFC Weatherization Program, qualified adult workers who are currently underemployed or unemployed. Qualifications for THRHA's Weatherization training are participants who are self-motivated and exemplify probability for success.

Training dates are tentatively scheduled in Juneau at the THRHA conference room:

February 1-5, 2010

March 9-15, 2010

April 12-16, 2010

Additional training sessions may be scheduled based on the availability of Alaska Works Partnership and also Wisdom and Associates.

Participants may receive training that includes the following or as mandated by the weatherization program:

- A) Hands-on & Technical Weatherization training.
- B) Blower door and airtightness workshops.
- C) AkWarm software weatherization training.
- D) Diagnostic procedures; heat loss, moisture identification, electrical safety, locating water damage.
- E) Cold Climate Advanced Homebuilder Workshop
- F) Ventilation Workshop

Participants are required to provide the following upon approval of training:

EQUAL OPPORTUNITY FORM each participant must sign the attached document and provide to THRHA.

W-2 Form: each participant must complete a W-2 form and provide to THRHA.

Copy of Drivers License and Social Security card

All expenses for training must be approved and coordinated in advance by THRHA staff or management. For more information, contact THRHA at 907 780 6868.

The Weatherization training program is made possible through the support of the Denali Training Fund and the State of Alaska Department of Labor & Workforce Development Division of Business Partnerships. \$210 Transportation (maximum) to/from training per person, \$240 Lodging per person for entire training period including travel to/from training, \$60 Per diem per day (maximum 5 days). Expenses must be coordinated and approved by THRHA in advance and only reimbursable to training participant upon completion of training. Certificate of Training Completion is required with submittal of actual receipts for reimbursement by THRHA. The daily sign in/out sheet provides witness of attendance to validate expense reimbursement.



STATE OF ALASKA DENALI TRAINING FUND APPLICATION

"Equal Opportunity Employer/Program"

Auxiliary aids and services are available upon request to individuals with disabilities



SEE INSTRUCTIONS ON BACK BEFORE COMPLETING APPLICATION

SOCIAL SECURITY #	LAST NAME	FIRST NAME	MI
MAILING ADDRESS		CITY	STATE
RESIDENCE ADDRESS (if different from above)		CITY	STATE
TELEPHONE ()	EMAIL ADDRESS (Optional)	Date of Birth	Gender ___ Male ___ Female
Are you Hispanic/Latino? ___ Yes ___ No Race (Select one or more) ___ Alaska Native ___ American Indian ___ Asian ___ Black or African American ___ Hawaiian Native or Other ___ Pacific Islander ___ White	Citizen Status (5) (pick only one) ___ United States Citizen ___ Permanent Resident Alien ___ Refugee/ Parolee ___ Temporary Work Permit ___ Other Are you an Alaskan Resident? ___ Yes ___ No	Are you a veteran? ___ Yes Over 180 Days ___ Yes, Under 180 Days ___ Other Eligible Person ___ No Do you have a disability? (pick only one) ___ Yes ___ Yes barrier to employment ___ No	

I certify to the best of my knowledge the information in this application is accurate and true. I understand that the information in this application is subject to verification and that falsification of information shall be grounds for removal from the program and may subject me to prosecution under the law. I understand that there is an applicant grievance procedure by which I can appeal decisions made with regard to this application. I have received a copy of the applicant grievance procedure.

For and in consideration of the opportunity and privilege of appearing in or participating in one or more video recordings, sound tracks, films, photographs, written articles or recordings, I hereby consent to the use and editing thereof and release the Department of Labor and Workforce Development and its employees and assignees from any and all claims resulting from such use, sale, editing and release to the newspapers and/or television stations/channels or newsletters.

Dated this _____ day of _____, 200__.

Signature of Participant

Parent or Legal Guardian

Parent or legal guardian signature is required if the participant is under 19 years of age.

Name of Grantee Tlingit-Haida Regional Housing Authority

Date Training Started _____

Completion Date _____

Successful Completion Yes ___ No ___

Occupation: _____

Name of Instructor: _____

Title of Training Completed: _____

INSTRUCTIONS.

1. Please print all entries on the application.
2. Social Security Number: Enter your 9-digit Social Security number.
Note: This is not your driver's license or state ID card number.
3. Last Name, First Name, Middle Initial: Enter these items as they appear on your Social Security card.
4. Mailing Address: Enter the **COMPLETE** address where you receive your mail.
5. Residence Address: If different from the mailing address, enter the **COMPLETE** address where you live.
6. Telephone Number: Enter a phone number where you can be contacted (include area code).
7. Email Address: Optional. If you have an internet provider and an electronic mail address please enter the complete address; e.g., JaneDoe@hotmail.com
8. Date of Birth: Enter the month, day and year you were born. For example 10/13/1961 (October 13, 1961).
9. Gender: Check either Male or Female.
10. Are you Hispanic/Latino? Enter Yes if you are, otherwise No.
11. Race: You may select more than one race, but you must select at least one.
12. Citizen Status: Choose only one.
13. Are you an Alaskan Resident? Basically, you are a resident if you plan to establish or have established permanent residence in the State of Alaska.
14. Are you a veteran? Answer Yes if: (Note: Your DD Form 214 may be requested to validate data)
 - Served in the United States Armed Forces and received other than a Dishonorable Discharge.
 - Called to active duty in the United States Armed Forces, have a Southwest Asia Campaign Medal, or a Armed Forces Expeditionary Medal, and received other than an Dishonorable Discharge.
 - Determined an "Eligible Person" by the Department of Veteran Affairs.
15. Do you have a disability? Select one of the following answers:
 - Yes - if you have a disability, but it does not prevent you from working.
 - Yes Barrier to Employment - if you need reasonable accommodations to accomplish the tasks for which you are being trained.
 - No - if you have no disability.

Weatherization Training Request

Applicant's Name: _____ Resident of: _____

Current Employer _____ Date of Hire: _____

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:	

Weatherization Training Request

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.

Weatherization Training Request

Participant Training Agreement

1. If my Training Request is approved, I agree to report to training on time each of the 5 days of training (TBD 8am-5pm) and complete all course work during the 40 hour class.
2. If I do not complete weatherization course training 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.
3. If I am not currently employed or employed upon completion of training, I will seek employment as a result of my completion of 40 hours 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.
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. I agree that after I have completed the weatherization 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).

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. Drugs and alcohol are not allowed on the premises at any time or at overnight accommodations arranged and paid for by THRHA.

I understand that I will not be paid hourly wages for travel time, classroom training attendance, 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.

Trainee Participant Signature

Date

Weatherization Training Request

If your training request is approved THRHA Wx Training Travel Coordinator, Steve Bennett, will provide details of travel arrangements. 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 and submit to:

Steve Bennett
Tlingit-Haida Regional Housing Authority
PO Box 32237
Juneau AK 99803-2237

Email: sbennett@thrha.org

Fax: (907) 780-6895

AUTHORIZATION:

Current Supervisor's Signature:

Date:

Approved

Disapproved If disapproved, state reason: _____

Training & Conference Approval Guidelines

The following guidelines are established to determine the benefit of weatherization training to the applicant and his/her employer. This is a guide only!

Instructions:

Answer the following questions. Submit this form to your supervisor or to Tlingit-Haida Regional Housing Authority for approval.

1. Are you currently working in the area that you wish to get training? [] YES / [] NO
2. Have you received training in this area before? [] YES / [] NO
3. Is this the only time that you can receive this training? [] YES / [] NO
4. Will this training be offered closer to home? [] YES / [] NO
5. Do you believe that this training is valuable to your employer or THRHA? [] YES / [] NO
6. Would you be willing to teach the info learned to peers? [] YES / [] NO

7. What is the overall cost to receive this training?

Airfare: \$ _____ Hotel: \$ _____

Per Diem: \$ _____ Other Costs: \$ _____

TOTAL: \$ _____

8. What are the specific benefits that this training will have to you and your employer or THRHA?

9. How will the cost of the training be justified?

10. Please write up the purpose and expectation of the training.

Title of Training: _____

Dates: FROM - _____ TO - _____

Location: _____