

~ State Energy Sector Partnership – Build it Smart ~

Application Form: *\*Note that personal identifying information on this form will be kept confidential. See page 2 for clarification and confidentiality assurances.*

**Applicant Information:**

|                         |  |                |
|-------------------------|--|----------------|
| First Name:             | MI:  | Last Name:     |
| Address:                | City   | , WA Zip Code: |
| Phone 1:                | Phone 2:   | Phone 3:       |
| Email:                  | Date of Birth:   | Age:           |
| Social Security Number: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified |                |

|   |  |
|---|--|
| <u>Ethnicity:</u><br>Are you Hispanic or Latino/a?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Specified | <u>Race (choose one):</u><br><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hawaiian Native or Other Pacific Islander <input type="checkbox"/> Asian<br><input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> More than One Race <input type="checkbox"/> Not Specified |
|---|--|

Education (choose the highest level of education you have received):

8th Grade or Under     9th – 12th Grade     High School Graduate or Equivalent  
 1-3 Years of College or full time Vocational-Technical School     4 years of college or more

**Other Demographics: (check those that apply):**

Optional:

- Eligible veteran or a qualifying spouse of a veteran *(see definition page 2)*
- Limited English Proficient
- Individual with a disability
- Unemployed
- Dislocated Worker
- Incumbent Worker
- Individual in need of Updated Training Related to the Energy Efficiency and Renewable Energy Industry
- Individual Seeking Employment Pathways Out of Poverty and into Self-Sufficiency
- Individual with a criminal record *(see definition page 2)*
- High School Dropout *(see definition page 2)*

Date of Participation – (actual start date of first training) (mm/dd/yyyy):

Employment Status at Enrollment:     Employed     Not Employed     Employed but received Notice of Termination

**NAICS:** 23 Construction – Green Industry Sector--Energy Efficient Building, Construction & Retrofit

**Additional Elements:**

Please indicate your apprentice or journey worker status, if applicable:  
(check one)     Yr 1     Yr 2     Yr 3     Yr 4     Yr 5     Journey Worker

|  |  |                                 |  |
|--|--|---------------------------------|--|
| Training JATC:   |  | Local #:                        |  |
| Course Title:  |  | Name of Employer (if employed): |  |
| List the degrees and/or certifications you held prior to this training:  |  |                                 |  |
| List the certification(s) you will earn from this training:  |  |                                 |  |
| I certify that I work/have worked in the residential and/or commercial building industry and I am in need of updated training related to energy efficiency and/or renew able energy. The information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification, and I will have to provide documentation to support this form. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I understand that receiving services is subject to the availability of federal funds. I have received a copy of equal opportunity, appeal rights, and the Privacy Act of 1974. |  |                                 |  |
| Applicant Signature _____  |  | Date _____                      |  |
| <i>Grant Staff Use Only: Before the applicant is officially enrolled in the program, indicate that the following has been verified:</i>  |  |                                 |  |
| <input type="checkbox"/> I have verified that the applicant meets age eligibility requirements (at least 18 years old) by reviewing the following official documentation:<br>_____   |  |                                 |  |
| <input type="checkbox"/> The applicant indicated that s/he is an eligible veteran or spouse of a veteran and I have verified eligibility by reviewing the following official documentation:<br>_____   |  |                                 |  |
| _____<br>(Staff Signature)   |  | _____<br>(Printed Name)         |  |
| _____<br>(Organization)  |  | _____<br>(Date)                 |  |

**Definitions:**

**Eligible Veteran/Spouse of Veteran:**

*(if you meet the following criteria)*

An individual who served at least one day in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable, as specified in 38 U.S.C. 101(2). Active service includes full-time Federal service in the National Guard or a Reserve Component. OR An individual who is:

- a) the spouse of any veteran who died of a service-connected disability;
- b) the spouse of any member of the Armed Forces serving on active duty, who at the time of application for the priority, is listed in one of more of the following categories and has been so listed for a total of more than 90 days: i) missing in action; ii) captured in the line of duty by a hostile force; or iii) forcibly detained or interned in the line of duty by a foreign government or power;
- c) the spouse of any veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veterans Affairs; or
- d) the spouse of a veteran who died while a disability so evaluated was in existence

**Limited English Proficient:** If you have limited ability in speaking, reading, writing or understanding the English language and (a) if your native language is a language other than English, or (b) if you live in a family or community environment where a language other than English is the dominant language.

**Individual with a Disability:** *Note: Providing information on disability status is voluntary and does not affect program or service eligibility, the information will be kept confidential, declining to disclose a disability will*

*not cause you to receive unfavorable treatment, and the information will be only used in accordance to law.*

**Select if** you have any "disability," as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities. (For definitions and examples of "physical or mental impairment" and "major life activities," see paragraphs (1) and (2) of the definition of the term "disability" in 29 CFR 37.4, the definition section of the WIA non-discrimination regulations.)

**Employment Status:**

**Employed:** If you are currently employed.

**Incumbent:** If you are currently employed and need training to secure full-time employment, advance in your career, or retain your current occupation. This includes low-wage workers, workers who need to upgrade their skills to retain employment, and workers who are currently working part-time.

**Dislocated:** If you have been (a) terminated or laid-off or have received a notice of termination or lay-off from employment or (b) were self-employed but are now unemployed.

**Unemployed:** If you are without a job and you are available to work.

**Criminal Record/History:** If you have been subject to any stage of the juvenile or criminal justice process, or if you need help overcoming barriers to employment resulting from a record of arrest or conviction. *(will not affect eligibility)*

**High School Dropout:** If you did not complete high school. *(will not affect eligibility)*