



# Community Services Consortium

## Weatherization Training Financial Assistance Application

CSC Wx CLASS  
 APPLYING FOR

EXACT TITLE IF POSSIBLE AND TRAINING DATES

This entire application must be completed and returned by email to [CSCWxTraining@communityservices.us](mailto:CSCWxTraining@communityservices.us) or delivered to possible.

NAME \_\_\_\_\_ Month & Day of Birth \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 STREET CITY STATE ZIP CODE

HOME TELEPHONE \_\_\_\_\_ MESSAGE/CELL NUMBER \_\_\_\_\_

\*EMAIL ADDRESS \_\_\_\_\_ If required for this grant and future work, do you have a valid OR driver's license ? (yes or no)

*\*Used for communicating grant status with applicant whenever possible.*

### EDUCATION AND TRAINING \*EMAIL ADDRESS:

List below all education and training, full or part-time, that you want to be considered. List seminars attended, especially those pertinent to the training for which you are applying. Experience directly related can be helpful as well volunteer experience. You may attach a resume *but only information on the application will be considered during the initial screening process to determine minimum qualifications.*

NAME AND LOCATION OF INSTITUTE	TITLE OF COURSE OR DEGREE PROGRAM	No. of credits received.			CERTIFICATES, DEGREES, ETC. EARNED
		SEMESTER HOURS	QTR. HOURS	CLOCK HOURS	
High school or GED					
College or other					

List any special skills, abilities, or interests as they relate to the CSC Wx Training Class for which you are applying.

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### WIN Assessment Levels

Reading for Information \_\_\_\_\_ Applied Mathematics \_\_\_\_\_

Do you have a Career Readiness Certification (not required but preferred)? Yes \_\_\_ What level? \_\_\_ No \_\_\_  
 If not, contact your nearest WorkSource Oregon Center to learn how to be certified.

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## Veteran Status

- Did you serve at least one day in the active military, naval, or air service, including full time Federal service in the National Guard or a reserve Component?
- If so, were you discharged or released under conditions other than dishonorable?
  
- Or
- Are you the spouse of a veteran who died of a service-connected disability?
- Are you the spouse of any member of the Armed forces, who at the time of application is listed in one or more of the following categories for a total of more than 90 days?
  - a) Missing in action
  - b) Captured in the line of duty by a hostile force
  - c) Forcibly detained or interned in the line of duty by a foreign government or power
- The spouse of any veteran who has total disability resulting from a service-connected disability as evaluated by the Department of Veterans Affairs?
  
- Or
- Are you the spouse of a veteran who while a disability so evaluated was in existence?

## Current Employment Status

Are you currently (Please check all that apply)

- Employed
- Underemployed
- Unemployed
- Received a notice of layoff
- Was self employed but now unemployed or under employed

Please describe how this training will help you acquire or enhance skills needed to enter occupations with one or more of the growth, enhanced and emerging green industries.

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## JOB EXPERIENCE

Begin with your most recent experience. You may include intern or volunteer work as well as full-time or part-time employment. Resumes may be attached, however, information contained on this application will be used to determine minimum qualifications.

NAME & ADDRESS OF EMPLOYER		EMPLOYER PHONE NO.	SUPERVISORS NAME & TITLE
YOUR TITLE		YOUR DUTIES	
FROM MO. & YEAR	TO MO. & YEAR		
REASON FOR LEAVING			

NAME & ADDRESS OF EMPLOYER		EMPLOYER PHONE NO.	SUPERVISORS NAME & TITLE
YOUR TITLE		YOUR DUTIES:	
FROM MO. & YEAR	TO MO. & YEAR		
REASON FOR LEAVING			

NAME & ADDRESS OF EMPLOYER		EMPLOYER PHONE NO.	SUPERVISORS NAME & TITLE
YOUR TITLE		YOUR DUTIES:	
FROM MO. & YEAR	TO MO. & YEAR		
REASON FOR LEAVING			

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YOUR TITLE		YOUR DUTIES:	
FROM MO. & YEAR	TO MO. & YEAR		
REASON FOR LEAVING			

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YOUR TITLE		YOUR DUTIES:	
FROM MO. & YEAR	TO MO. & YEAR		
REASON FOR LEAVING			

**HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY LAW(EXCEPT MINOR TRAFFIC  YES  NO VIOLATIONS)?**  
**If yes, please attach a summary of details. Disclosure of criminal record doesn't automatically disqualify you from training. Your case will be judged on its own merits.**

I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation is cause for cancellation of the application and/or dismissal from training. I authorize Community Services Consortium to make any necessary and appropriate investigations to verify the information contained herein.

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

**Weatherization Training Financial Assistance is provided through Federal funding.**

**EMAIL COMPLETED APPLICATION TO [CSCWxTraining@communityservices.us](mailto:CSCWxTraining@communityservices.us) or  
 Mail or deliver to Margo Dryden @ CSC 545 SW 2<sup>ND</sup> Street, Ste. A, Corvallis, OR 97333 (541) 753-0509**

Equal opportunity employer / program. Auxiliary aids and services are available upon request to individuals with disabilities.