

Thanks for applying to work for Opportunity Builders, Inc. Applications may be faxed (preferred), dropped off, emailed, or mailed to:

**Barry Boyle, General Manager
 Opportunity Builders, 3401 N. 6th St., Harrisburg, PA 17110
 obnowinc@comcast.net FAX 717-754-0211 Phone 717-238-6900**

Employment Application

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.				Date of Interview (Month / Day / Year)	
Applicant Information					
1. How were you referred to us :				Position Applied for :	
2. First Name :		Middle Name :		Last Name :	
3. Address :			City :	State :	Zip :
4. Phone :		Mobile/Pager/Other :	E-mail :		
5. Date available to start :		Social Security Number :		Salary Requirement :	
6. Are you legally allowed to work in the United States ? <input type="checkbox"/> Yes <input type="checkbox"/> No					
7. If you are under 18 years of age, can you provide a work permit ? <input type="checkbox"/> Yes <input type="checkbox"/> No If no explain :					
8. Have you ever worked for this company ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when ?					
9. Type of employment desired : <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal					
10. Have you ever pleaded guilty, no contest or been convicted of a crime ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates and details :					
Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.					
11. Driver's license number (if applicable to position)				State :	
12. Summarize Your Special Skills or Qualifications					

Previous Employment (begin with most recent position)

Dates of Employment :	From / /	To / /	Positions Held :
Company Name :		Address :	
City :		State :	Zip :
Phone :	Supervisor :		Title :
Responsibilities :			
Starting Salary and Title :		Ending Salary and Title :	
Reason for Leaving :			
May we contact this employer for a reference ? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Dates of Employment :	From / /	To / /	Positions Held :
Company Name :		Address :	
City :		State :	Zip :
Phone :	Supervisor :		Title :
Responsibilities :			
Starting Salary and Title :		Ending Salary and Title :	
Reason for Leaving :			
May we contact this employer for a reference ? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Dates of Employment :	From / /	To / /	Positions Held :
Company Name :		Address :	
City :		State :	Zip :
Phone :	Supervisor :		Title :
Responsibilities :			
Starting Salary and Title :		Ending Salary and Title :	
Reason for Leaving :			
May we contact this employer for a reference ? <input type="checkbox"/> Yes <input type="checkbox"/> No			

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant :	Date :
--------------------------	--------

AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned, certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application.

I authorize without reservation and consent to any party, person, firm, organization, corporation, or agency whether or not identified in this application, to release and disclose to Opportunity Builders, Inc. (hereafter referred to as "OBI") any and all records and information (including opinions) or records requested for the purpose of considering my employment application, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. I understand that investigative background inquiries are to be made on myself that include, but are not necessarily limited to, the gathering of criminal and civil information. I waive any rights I may have to confidentiality. This authorization is valid during the course of my employment to the extent permitted by law.

Any person, firm, organization, corporation, or agency, whether or not identified in this application, providing information, opinion, or records in accordance with this authorization is released and fully discharged from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family on account of compliance or any attempts to comply with this authorization. I release and fully discharge from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family arising out of the making, or use of, either a consumer report, background check, reference, or investigative report, including any errors or omissions contained or omitted from such reports or investigations, by OBI, its affiliated entities and the respective officers, directors, employees, and agents of each, including subcontractors.

I further state that I have carefully read the foregoing release and the entire application, and am fully aware of its contents. I sign this release as my own free act. A facsimile or photocopy of this authorization shall be as valid as the original.

LAST FIRST MIDDLE

HOME ADDRESS

CITY STATE ZIP

SSN _____ OR Tax ID# _____

DATE OF BIRTH [MONTH/DAY/YEAR]

APPLICANT SIGNATURE

DATE

Applicant Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone (between 9 am and 5 pm): _____

Current Employer: Opportunity Builders, Inc.

Employer Address: 3401 N. 6th St., Harrisburg, PA 17110

Employer Phone/ Email: (717) 238-6900 obnowinc@comcast.net

Please Print Clearly

Weatherization Worker Certification Application

I would like to apply for immediate certification, the test-out option, or enrollment in accelerated training for a Weatherization certification for the following positions:

Check all that apply:

Weatherization Worker: Installer
See *Labor & Industry Weatherization Training Form E* for required credentials
Immediate Certification Requested – all Penn College courses and field work experience complete
Test-Out Option Requested (Weatherization Experience Required)
Enrollment in Accelerated Coursework Requested (Some Weatherization Experience Required)

Weatherization Worker: Crew Chief
See *Labor & Industry Weatherization Training Form F* for required credentials
Immediate Certification Requested – all Penn College courses and field work experience complete
Test-Out Option Requested
Enrollment in Accelerated Coursework Requested (Some Weatherization Experience Required)

Weatherization Worker: Auditor
See *Labor & Industry Weatherization Training Form G* for required credentials
Immediate Certification Requested – all Penn College courses and field work experience complete
Test-Out Option Requested
Enrollment in Accelerated Coursework Requested (Some Weatherization Experience Required)

Applicant Name _____

Requirements necessary to apply for immediate certification, the test-out option or enrollment in accelerated coursework for a Weatherization Worker Certification:

- Satisfactorily meet required credentials for Worker Certification Requested (See attached Labor and Industry Training Forms E, F, and G)
- Submit (Two) written recommendations from Weatherization/Energy professionals (non-related/ non subordinate personnel) with this application
- Must hold at least three additional qualifications (see attached Labor and Industry Training Form D)
- Have application approved by Application Review Committee

Please Send Completed Applications with all Attachments To:

Weatherization Training Center
at Pennsylvania College of Technology
Attn: Worker Certification Application Intake
One College Avenue
Williamsport, PA 17701-5799

At this time, we are NOT accepting application by e-mail.
Please retain copies for your records



Pennsylvania Labor & Industry Weatherization Training Form D

Additional Qualifications for Weatherization Workers

Applicant Name _____

Must hold at least three (3) of the following (Please CHECK ALL qualifications you hold and attach copies of any documentation):

Pennsylvania and acceptable alternative field experience as Installer and/or Crew Chief (Minimum one year at the level you would like to teach)

Pennsylvania and acceptable alternative field experience as Auditor/Inspector

Agency director (PA Weatherization or Comparable Private/State Program)

Building Performance Institute – Business Analyst Certification

Building Performance Institute Certified Instructor

Home Energy Rating Systems Rater or Field Inspector Certification

National Association of Home Builders Certified Instructor

Residential Energy Services Network Instructor

National Association of Home Builders Green Verifier

Green Advantage Certified Instructor (Residential or Commercial)

Leadership in Energy and Environmental Design Accredited Professional (LEED AP)

Post secondary (two year or four year) diploma in Building Science, Sustainability, and/or Building Trades and/or Construction Management

National Association of Home Builders Graduate Builder or Remodeler Designations (current)

National Association of the Remodeling Industry (NARI) Certifications (current)

Private home performance contractor field experience (minimum of one year - verifiable)

Supervisory Experience in Construction Trades (minimum of one year – Verifiable)

Pennsylvania Labor & Industry Weatherization Training Form E

Coursework for Weatherization Workers: Installers

Applicant Name _____

Completion of the following courses is required to become a Weatherization Installer. Please check the following courses for which you hold a certificate of completion from Penn College Weatherization Training Center. If possible, proof of completion should be attached to your completed application:

Coursework:	Date Taken	WTC Verified
<input type="checkbox"/> WTC Tactics	_____	_____
<input type="checkbox"/> Lead Safe	_____	_____
<input type="checkbox"/> Crew Safety	_____	_____

Field experience is necessary to receive a certification immediately. Please have your employer verify the below field work experience.

Field Work Experience/Verification:	Years of Experience	Agency Verified
<input type="checkbox"/> Air Sealing	_____	_____
<input type="checkbox"/> Duct Sealing	_____	_____
<input type="checkbox"/> Insulation	_____	_____
<input type="checkbox"/> Base load Measures	_____	_____
<input type="checkbox"/> Blower Door/Zone Pressure Diagnostics	_____	_____

If agency verifying field work experience is different than the employer listed on page one of the Weatherization Worker Certification Application, please list the verifying agency's information below, and include the name of a contact person:

Applicant Name _____

Please list any other relevant Weatherization courses completed at Penn College or other institutions. Please specify who provided the training and the dates taken. If possible, proof of completion should be attached to your completed application:

