

Step Up to Painting



Personal Information

Date _____
DOB ____ / ____ / ____
SS# _____

Name _____
Last First Middle Initial

Address _____
Street City State Zip

Phone _____ Cell _____ email _____

Have you participated in other VWW training programs _____ NO _____ YES

If yes, when, where and what program: _____

Employment

What types of work have you done? _____

Are you currently employed: _____ NO _____ YES

If yes: Employer: _____ Dates: _____

Position: _____ Supervisor: _____

Location: _____ Phone: _____

May we call this supervisor? _____

Please list previous employers:

Previous Employer (1): _____ Dates: _____

Position Held: _____ Supervisor: _____

Company Location: _____ Phone: _____

Reason for leaving _____

May we call this supervisor? _____

Previous Employer (2): _____ Dates: _____

Position Held: _____ Supervisor: _____

Company Location: _____ Phone: _____

Reason for leaving _____

May we call this supervisor? _____

Previous Employer (3) : _____ Dates: _____

Position Held: _____ Supervisor: _____

Company Location: _____ Phone: _____

Reason for leaving _____

May we call this supervisor? _____

Education

	Year:	Name of School:	State:
____ GED	(____)	_____	_____
____ High School	(____)	_____	_____
____ College	(____)	_____	_____
____ Certifications	(____)	_____	_____

Other Training: _____

References (Please do not use family members as references)

1. _____
Full Name City Phone No.

Please describe your relationship to this person: _____

2. _____
Full Name City Phone No.

Please describe your relationship to this person: _____

3. _____
Full Name City Phone No.

Please describe your relationship to this person: _____

Why are you interested in this program?

Physical & Other Qualifications

Do you enjoy physical outdoor work? _____ NO _____ YES

Can you lift 60 pounds? _____ NO _____ YES

What is the hardest work you have done? _____

List any physical conditions that could hinder your ability to work: _____

Do you take prescription medications that could interfere with work? _____ NO _____ YES

Do you have a valid driver's license? _____ NO _____ YES

Do you have a reliable car? _____ NO _____ YES

State Agency Support

Are you currently working with a Dept. of Labor caseworker? _____ NO _____ YES

Caseworker _____ Location _____ Phone No. _____

Are you currently working with a Voc. Rehab. Caseworker? _____ NO _____ YES

Caseworker _____ Location _____ Phone No. _____

Are you currently working with a DCF/ESD Caseworker? _____ NO _____ YES

Caseworker _____ Location _____ Phone No. _____

TO BE READ and SIGNED by APPLICANT

I authorize VWW to make such investigations and inquiries verifying my previous employment. I hereby release employers, schools, and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature _____ **Date** _____

**Return Completed Application to: Rachel Jolly, Vermont Works for Women
32 Malletts Bay Ave., Winooski, VT 05404/ fax: 802.655.8922/
rjolly@vtworksforwomen.org**