



STEP IN TO WORK & VERMONT COMMODITIES PROGRAM PROGRAM APPLICATION

Thank you for your interest in our program.

Please complete this application.

Contact Information

Today's Date _____

First Name _____ Last Name _____

Primary Address

(Street) _____ (City) _____ (State) _____ (Zipcode) _____

Email _____ Primary Phone (____) _____ Alternate Phone (____) _____

FOR STAFF USE ONLY

Expected Start Date: _____

Interview Date: _____

Accepted: Yes No

Program Interest & Eligibility

Which program are you interested in? STEP IN TO WORK VERMONT COMMODITIES PROGRAM

Have you participated in a VWW program before? Yes No If yes, please mark the program and year: Transitional Jobs Fresh Food Step Up Girls Program

How did you hear about Step In and/or VCP? _____

Why are you interested in being in this program? _____

If interested in Step In, can you commit to 20 hours a week (includes homework time)? Yes No

If interested in VCP, can you commit to 30 hours a week? Yes No

Are you currently receiving benefits of any kind (i.e. Reach Up, Food Stamps, etc)? Yes No Please list any caseworkers (i.e. Reach Up, Dept. of Labor, VR, etc) you are currently working with:

Name _____ Agency _____ Phone (____) _____

Name _____ Agency _____ Phone (____) _____

Name _____ Agency _____ Phone (____) _____

Employment Status

Are you legally permitted to work in the United States? Yes No

Are you currently working? Yes No If yes, where? _____

What kinds of jobs are you looking for? _____

Do you have reliable transportation to and from a job or class? Yes No

Please circle your availability for work: Full-time Part-time only Days Nights

Do you have any of the following forms of ID: Birth Certificate (original or certified copy) Social Security Card
 Passport Driver's License State ID Voter Registration Card Permanent Resident Card

Education & Training

Please complete the following information:

Level	Name of School	Major	Year of Graduation
High School			
College or University			
Training/Trade School			

Please list any certifications or specialized training you have received:

Name of Certification	Certifying Agency	Year Completed

Did you have an Individualized Learning Plan (IEP) in school? No Yes

Are you enrolled in another educational program right now? No Yes

If yes, please describe: _____

Skills and Experience

Please indicate your comfort level and experience in the following areas:

Activity	Very Low	Low	Moderate	High	Very High
Lifting up to 50 lbs	1	2	3	4	5
Standing for extended periods of time	1	2	3	4	5
Working in hot and cold environments	1	2	3	4	5

Please tell us about any other experience, special skills or other applicable skills.

Criminal Record

Have you ever been charged and/or convicted of a crime in Vermont? ___ Yes ___ No

Are you currently under DOC supervision? ___ Yes ___ No

Have you ever been incarcerated as an adult? ___ Yes ___ No If Yes, what was your Prisoner ID#? _____

If yes, please list any and all offenses, even if you are not sure how they appear on your record. Start with the most recent. This information will be kept confidential and is used to better assist you.

**If you need more space, please use the back of this application.*

Date of Incident	Jurisdiction	Charge/Description	Felony (F) or Misdemeanor (M)	Status (i.e. Pending, Convicted, Plead to Another Crime, Dropped, Expunged)

If applicable, please list the name and contact information for your probation/parole officer:

Name _____ Phone number (___) _____

How often do you meet with your PO and when? _____

Please list any current schedule/curfew requirements _____

Has a parent or family member ever been incarcerated? ___ Yes ___ No

Have you ever been incarcerated as a juvenile? ___ Yes ___ No

Health/Physical

Do you have any allergies we should be aware of? ___ Yes ___ No If yes, please describe _____

Do you have a history of alcohol and/or substance abuse? ___ Yes ___ No

If yes, please answer the following questions:

- Has your drug or alcohol use ever affected your ability to work or keep a job? ___ Yes ___ No
- Are you currently in treatment? ___ Yes ___ No
- Are you currently attending AA or other support meetings? ___ Yes ___ No
- How long has it been since you last used drugs or alcohol? _____

Barriers

What do you see as potential barriers to your completing this class or obtaining/maintaining employment? (i.e. lack of childcare, no transportation, housing instability, substance abuse, health issues, etc.)

Employment History

Please list your last three employers, starting with the most recent.

1. Employer _____
Address (if known) _____
Phone Number (_____) _____
Supervisor's Name _____ Can we contact this supervisor? Yes No
Job Title _____ Part-time Full-time Hourly Wage \$ _____
Dates of Employment _____ Reason for Leaving _____

2. Employer _____
Address (if known) _____
Phone Number (_____) _____
Supervisor's Name _____ Can we contact this supervisor? Yes No
Job Title _____ Part-time Full-time Hourly Wage \$ _____
Dates of Employment _____ Reason for Leaving _____

3. Employer _____
Address (if known) _____
Phone Number (_____) _____
Supervisor's Name _____ Can we contact this supervisor? Yes No
Job Title _____ Part-time Full-time Hourly Wage \$ _____
Dates of Employment _____ Reason for Leaving _____

References

Please list three professional references. *If you don't have an employer reference, you can use a counselor or caseworker. Please only list friends or relatives if you have no other references.

1. Name _____
Company/Organization _____
Phone Number (_____) _____ Email Address _____
Relationship to You _____

2. Name _____
Company/Organization _____
Phone Number (_____) _____ Email Address _____
Relationship to You _____

3. Name _____
Company/Organization _____
Phone Number (_____) _____ Email Address _____
Relationship to You _____

Signature

I hereby certify that my application form and attachments contain no false information and are complete to the best of my knowledge. I am aware that, if an investigation discloses misrepresentation or falsification, my application may be rejected. I have read and understand the above statement.

Signature _____ Date _____