



INTERNAL USE ONLY

Exp. Start Date: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Accepted: Y / N

### TRAILBLAZERS PROGRAM APPLICATION

Please complete this application and submit it to Missy Mackin

By Email: [Mmackin@vtworksforwomen.org](mailto:Mmackin@vtworksforwomen.org)

By Mail: Vermont Works for Women, 32A Malletts Bay Ave, Winooski, VT 05404

#### Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Primary Address (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zipcode) \_\_\_\_\_

Email \_\_\_\_\_ Primary Phone (\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_

#### Program Interest & Eligibility

Have you participated in a VWW program before? \_\_\_ Yes \_\_\_ No

If yes, mark the program and year:

\_\_\_ Transitional Jobs \_\_\_ Step In to Work \_\_\_ Fresh Food \_\_\_ Step Up \_\_\_ Girls Programs

\_\_\_ Vermont Commodities Program

How did you hear about **TRAILBLAZERS**? \_\_\_\_\_

Why are you interested in being in this program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can you commit to 12 hours a week for 8 weeks (2 evenings and Saturday)? \_\_\_ Yes \_\_\_ No

#### Employment Status

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

Are you currently working? \_\_\_ Yes \_\_\_ No If yes, where? \_\_\_\_\_

Do you have reliable transportation to and from class? \_\_\_ Yes \_\_\_ No



## Education & Training

Please complete the following information:

Level	Name of School	Major	If graduated, year
High School or GED			
College or University			
Trade-related training or classes			

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
Performing physical tasks all day in hot, cold, and/or noisy environments	1	2	3	4	5
Basic Math and Reading	1	2	3	4	5
Working with both hands; manipulating small objects	1	2	3	4	5
Maintaining balance while on a ladder	1	2	3	4	5
Hearing warning signals and discriminating between colors	1	2	3	4	5

Please tell us about any other experience, special skills or other applicable skills you have: \_\_\_\_\_

**Health/Physical (We ask these only so we can best support you – no judgment!)**

Do you have any allergies we should be aware of? \_\_\_ Yes \_\_\_ No If yes, please describe: \_\_\_\_\_

Has drug or alcohol use ever affected your ability to work or keep a job? \_\_\_ Yes \_\_\_ No

**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 \_\_\_\_\_

**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, VWW may reject my application. I have read and I understand the above statement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your interest in our program.**

Please send your completed application\* to Missy Mackin at [mmackin@vtworksforwomen.org](mailto:mmackin@vtworksforwomen.org)

By Mail: Vermont Works for Women, 32A Malletts Bay Ave, Winooski, VT 05404

*\*Completing the application is the first step in the screening and selection process, which will include an eligibility review and an interview with a program representative. Submitting the application does not guarantee acceptance into the program, nor does it imply that an offer of employment will be made by any of the partnering companies. Those who compete the program, however, will have gained skills and confidence for work in the construction industry, receive a nationally-recognized certificate of completion, and be given an interview opportunity with partnering companies.*

