



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

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

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