



INTERNAL USE ONLY

Exp. Start Date:

Interview Date:

Accepted: Y / N

## TRAILBLAZERS PROGRAM APPLICATION

Applications are accepted on a rolling basis. Please email to Devon James at [djames@vtworksforwomen.org](mailto:djames@vtworksforwomen.org) or mail to: Vermont Works for Women, 32A Malletts Bay Ave, Winooski, VT 05404

### Contact Information

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

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

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code) \_\_\_\_\_

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** \_\_\_\_ **Youth Programs**

\_\_\_\_ **Vermont Commodities Program** \_\_\_\_ **Trailblazers** \_\_\_\_ **Other**

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

Which **TRAILBLAZERS** session are you applying to?

\_\_\_\_ April 4 - May 2, 2022, South Burlington

\_\_\_\_ August 15 – September 30, 2022, Trailblazers: Green, South Burlington

\_\_\_\_ September – November 2022, Rutland

Why are you interested in being in this program (check one)?

\_\_\_\_ I want to learn more about using hand and power tools

\_\_\_\_ I want to start a career in the trades

Can you commit to 13 hours a week for 4 weeks (2 evenings and Saturday), and an additional 3 weeks of Friday and Saturday mornings? \_\_\_\_ Yes \_\_\_\_ No

Can you commit to a 3 week, 96-hour (optional) work experience with a local trades employer ?

\_\_\_\_ Yes \_\_\_\_ No



What is your t-shirt size: \_\_\_\_\_

### Employment Status

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

Are you currently working?  Yes 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 trainings			

Please list any certifications or specialized training you have received including safety training:

Name of Certification	Certifying Agency	Year Completed

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!)**

Are there learning accommodations we might be able to help with, particularly with reading and testing? \_\_\_\_\_

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, or attach your resume.**

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.**

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

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

