



<b>INTERNAL USE ONLY</b>
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**? \_\_\_\_\_

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

