



INTERNAL USE
ONLY
Exp. Start Date: _____
Interview Date: _____
Accepted: Y / N

TRAILBLAZERS PROGRAM APPLICATION

Applications are accepted on a rolling basis. Please email to Jillian Scannell at jscannell@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?
 August 16 – September 30, 2022, Trailblazers: Green, South Burlington
 October – 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: jscannell@vtworksforwomen.org

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

