



# 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

INTERNAL USE ONLY

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

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

Accepted: Y / N

## 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 \_\_\_ Girls Programs

\_\_\_ Vermont Commodities Program

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

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

Can you commit to 13 hours a week for 10 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 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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