



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

TRAILBLAZERS PROGRAM APPLICATION

Please complete this application and submit to Missy Mackin by Sept. 22, 2021
mmackin@vtworksforwomen.org

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 *Vermont Works for Women* 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 Program**

How did you hear about **TRAILBLAZERS**? _____

Why are you interested in enrolling 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 Saturdays), and an additional 3 weeks of Friday and Saturday mornings? ___ Yes ___ No

Can you commit to an additional 3 week, 96 hour work experience with a local trades employer (required if you plan to start a career in the trades)? ___ Yes ___ No

What is your unisex 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 or training 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 among colors	1	2	3	4	5

Please tell us about any other experience, special skills or other applicable skills you have, or reasonable accommodations you would need to be successful in this program: _____

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: _____

(Optional) 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.

