



## TRAILBLAZERS PROGRAM APPLICATION

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

### Contact Information

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

Mailing 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, what program:

\_\_\_\_\_

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

Which TRAILBLAZERS session\* are you applying to?

\_\_\_\_ South Burlington, March 18 – May 2

\_\_\_\_ Newport, May 20 – July 3

\_\_\_\_ Brattleboro, July 29 – September 12

\_\_\_\_ Rutland, September 30 – November 14

\*Dates are tentative

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

\_\_\_\_ I want to learn more about using hand and power tools for my own personal use

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

\_\_\_\_ I want to use the skills learned to help me in my current career

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](mailto:jscannell@vtworksforwomen.org)

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