The Vermont Returnship Program is administered by Associates for Training & Development (A4TD), formerly Vermont Associates for Training & Development. The purpose of the program is to connect employers with skilled and experienced Vermonters who seek to explore new careers, or return to the workforce. Any Vermont resident with significant work experience is eligible to participate.

Once you apply for the Vermont Returnship Program, you will be contacted by A4TD staff via e-mail confirming receipt of your application and providing you information on next steps. To apply, complete this application and e-mail it to apply@A4TD.org. You can also apply online at www.A4TD.org or call us at 1-800-439-3307 x 100.

Date: _________

**Personal Information**

Last Name: ____________________ First Name: ____________________

Age (This information is for statistical purposes only and has no impact on your eligibility for this program.)

☐ 18-25  ☐ 56-65
☐ 26-35  ☐ 66-75
☐ 36-45  ☐ 75+
☐ 46-55

What is your primary source of transportation? ____________________________

**Contact Information**

E-Mail Address: ____________________________
Primary Phone: ____________________ Cell Phone: ____________________
Street Address: ____________________________
Address Line 2: ____________________________
City/Town: ____________________ State: _____ ZIP/Postal Code: ____________
Career Status

Are you currently employed?
☐ Yes  ☐ No

Do any of these describe you? (Select all that apply. This has no impact on your eligibility, we just want to get to know you, and this information helps us serve you better.)
☐ I am a parent returning to work after having children
☐ I am employed, but underemployed
☐ I am a caregiver who was out of the workforce while caring for a family member
☐ I am an active duty member of the armed forces
☐ I am a retired or returning military member
☐ I want to reinvent to a new career
☐ I retired from my previous career and now I want to try something new
☐ I cannot continue to work in my previous occupation for physical reasons
☐ I met a mandatory retirement age in my last job, now I want to do something else
☐ I come from the corrections system and want to reenter the labor force
☐ I was not working for a time, on account of addiction or substance abuse

Occupational Goals

What type of work would be your preference? (Please check all that apply.)
☐ Employment – Full-time
☐ Employment – Part-time
☐ Employment – Seasonal
☐ Volunteer work
☐ No Preference / Unsure
Please select any and all areas of employment which interest you:

☐ Sales / Retail and Related
☐ Food Preparation & Service
☐ Office and Administrative Support
☐ Personal Care and Service
☐ Customer Service
☐ Human Services
☐ Transportation and Material Moving
☐ Education, Training and Library
☐ Construction and Extraction
☐ Facilities / Maintenance
☐ Installation and Repair
☐ Production / Manufacturing
☐ Management
☐ Business and Financial Operations
☐ Community and Social Service
☐ Other (Please Specify): ____________________________

☐ Healthcare
☐ Arts / Design / Entertainment
☐ IT / Tech Support
☐ Protective Service
☐ Science and Mathematics
☐ Life and Social Science
☐ Farming, Fishing, and Forestry
☐ Green Jobs
☐ Architecture and Engineering
☐ Hospitality
☐ Pharmaceutical
☐ Legal
☐ Childcare
☐ Non-Profit
☐ I don’t know!

Qualifications, Skills, and Experience

What is your highest level of education?

☐ High School Diploma / G.E.D.
☐ Some College
☐ Associate’s or Technical Degree
☐ Bachelor’s Degree
☐ Master’s Degree
☐ Doctoral or Professional Degree
If you have a college degree, what degree did you obtain and in which year did you receive your degree?

Please list all of your notable certifications, credentials, and licenses:

Please list any information which might inhibit your employment options (your answer to this question has no impact on your eligibility for this program, we simply wish to gather pertinent information to most successfully match you with an employer):

Is there any other personal information you would like to share which might be beneficial for an employer to know? (Your answer to this question has no impact on your eligibility for this program, we simply wish to gather pertinent information to most successfully match you with an employer):

How would you describe your math skills?

☐ Poor  ☐ Good  ☐ Excellent

How would you describe your reading skills?

☐ Poor  ☐ Good  ☐ Excellent

How would you describe your writing skills?

☐ Poor  ☐ Good  ☐ Excellent

How would you describe your computer skills?

☐ Poor  ☐ Good  ☐ Excellent

Please identify your three most recent places of employment:

1) Employer: __________________________  Job Title: __________________________

Employer Address: __________________________

Address Line 2: __________________________

Dates Worked: _____ to _____

2) Employer: __________________________  Job Title: __________________________

Employer Address: __________________________

Address Line 2: __________________________

Dates Worked: _____ to _____
3) Employer: ___________________ Job Title: ___________________

Employer Address: ________________________________

Address Line 2: ________________________________

Dates Worked: _____ to _____

**Current Training/Services**

Please identify other agencies from which you are currently receiving services:

☐ Workforce Innovation and Opportunity Act (WIOA)

☐ Department of Labor / American Job Center

☐ Vocational Rehabilitation

☐ Adult Education

☐ Apprenticeship or Internship Program (with any provider); Provider: ______________

☐ Other (Please Specify): ________________________________

☐ None

Have you participated in any program run by A4TD (formerly Vermont Associates for Training) in the past?

☐ Yes  ☐ No

If yes, which program?

☐ SCSEP (Senior Community Service Employment Program)

☐ AWI (Aging Worker Initiative)

☐ Learn IT 2 Work

☐ Other (Please Specify): ________________________________

**Referral**

How did you hear about us?

☐ Newsletter  ☐ Dept. of Labor / American Job Center

☐ Printed advertisement  ☐ Current / past participant

☐ Print materials at another agency  ☐ Vocational Rehabilitation

☐ TV or radio broadcast  ☐ Other ____________________