



PROGRAM APPLICATION

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.)

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> 56-65 |
| <input type="checkbox"/> 26-35 | <input type="checkbox"/> 66-75 |
| <input type="checkbox"/> 36-45 | <input type="checkbox"/> 75+ |
| <input type="checkbox"/> 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:

- | | |
|---|---|
| <input type="checkbox"/> Sales / Retail and Related | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Food Preparation & Service | <input type="checkbox"/> Arts / Design / Entertainment |
| <input type="checkbox"/> Office and Administrative Support | <input type="checkbox"/> IT / Tech Support |
| <input type="checkbox"/> Personal Care and Service | <input type="checkbox"/> Protective Service |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Science and Mathematics |
| <input type="checkbox"/> Human Services | <input type="checkbox"/> Life and Social Science |
| <input type="checkbox"/> Transportation and Material Moving | <input type="checkbox"/> Farming, Fishing, and Forestry |
| <input type="checkbox"/> Education, Training and Library | <input type="checkbox"/> Green Jobs |
| <input type="checkbox"/> Construction and Extraction | <input type="checkbox"/> Architecture and Engineering |
| <input type="checkbox"/> Facilities / Maintenance | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Installation and Repair | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Production / Manufacturing | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Management | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Business and Financial Operations | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Community and Social Service | <input type="checkbox"/> I don't know! |
| <input type="checkbox"/> Other (Please Specify): _____ | |

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
- Printed advertisement
- Print materials at another agency
- TV or radio broadcast
- Dept. of Labor / American Job Center
- Current / past participant
- Vocational Rehabilitation
- Other _____