



ADVANCING WORKFORCE
DEVELOPMENT FOR
MATURE WORKERS
SINCE 1983

CT Older Worker Virtual Training Program Application

Please provide all requested information
An application will not be accepted if all questions are not answered
Submit via email to khull@a4td.org or via fax to 1-802-524-9933

Personal Information

Today's Date:	First Name:	Last Name:
Street Address:	City:	State and Zip Code:
County:	Phone Number: (Write N/A if no phone)	Email Address:
Date of Birth:	Age:	

Program Eligibility

Current employment status?	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	Last day of employment?	
Are you currently looking for work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number in family?	
Current household income?	\$	Do you have access to transportation (public or private) to access in-person training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any other reason why you can't access in-person training? If yes, what?	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason:	Do you have access to a computer that could be used for training and job search?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have internet access at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How would you describe your computer skills?	<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

Miscellaneous

Level of education?	<input type="checkbox"/> Less than high school <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> Some college (no degree) <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree	What is your occupational goal?	<input type="checkbox"/> Customer Service <input type="checkbox"/> Food Service <input type="checkbox"/> Office Administration <input type="checkbox"/> Retail Sales <input type="checkbox"/> Stock Clerk <input type="checkbox"/> Transportation <input type="checkbox"/> Unknown/undecided <input type="checkbox"/> Other
Are you currently enrolled in any other training program?	<input type="checkbox"/> WIOA (Workforce Innovation and Opportunity Act) <input type="checkbox"/> SCSEP (The Senior Community Service Employment Program) <input type="checkbox"/> Platform to Employment <input type="checkbox"/> Other <input type="checkbox"/> None		

Thank you for your interest! Your application will be entered into our system and you will be contacted if you are eligible and when a program position opens.