



## Salvation Farms Vermont Commodity Program Trainee Application

Thank you for your interest! We are now accepting applications for the next cycle of the Vermont Commodity Program.

Program Dates: October 2<sup>nd</sup> – January 19<sup>th</sup> from Monday - Friday 9 am - 3pm

Location: Winooski, Vermont

To apply: Complete this form and return to the address on page 6. Please reach out if you have any questions. We will be in touch shortly with next steps.

Cost: There is no cost for this program.

Eligibility: Applicants must meet the following requirements:

- Be at least 18 years of age
- Be legally able to work in the United States
- Commit to participating in the program for six hours per day, Monday through Friday, for 16 consecutive weeks
- Have basic literacy skills and ability to speak English
- Have a commitment to find employment or pursue educational opportunities following participation in the program

Priority will be given to those who are unemployed or underemployed.

We look forward to reviewing your application. If you have questions, please call 802-888-4360 or email [info@salvationfarms.org](mailto:info@salvationfarms.org)

**Contact Information**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you eligible to work in the U.S? \_\_\_\_ Yes \_\_\_\_ No

Have you ever served in the armed forces? \_\_\_\_ Yes \_\_\_\_ No

**Interest**

Why are you interested in this program?

What do you hope to gain from this program?

What do you think will be your biggest challenges to success in this program?

Are you committed to getting a job or going to school after this program ends? \_\_\_\_ Yes \_\_\_\_ No  
If yes, what type of job do you see yourself doing? What do you need to accomplish that?

During this program, you will spend about 1/3 of the time in the classroom – whether that be participating in a training course, learning from a teacher, studying for an upcoming test, listening to guest presenters, or learning about food and workplace safety. How do you feel about spending time sitting in a classroom, taking a test, or studying with a group?

How did you hear about this program?

**Eligibility**

Do you meet the eligibility requirements for this program (please see front page)?

Yes  No  Unsure

If Unsure, please explain:

**Family Income**

What is your total household income per year? \_\_\_\_\_

How many people are in your household? \_\_\_\_\_ Adults \_\_\_\_\_ Children under 18

Are you currently receiving income assistance?  Yes  No

If yes, please explain:

Financial assistance may be available to those qualifying. Are you working with any state agencies, such as Dept. of Labor, VocRehab, or Reach Up?  Yes  No If yes, please explain:

If you are working with a case manager(s), please provide their contact information:

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Education**

What is the highest level of school you have completed? \_\_\_\_\_

Degree or training received: \_\_\_\_\_ What year was this? \_\_\_\_\_

Do you have any additional certifications or trainings?  Yes  No If yes, please explain:

**Employment**

Are you currently working? \_\_\_\_ Yes \_\_\_\_ No

If yes, please fill out:

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Dates worked: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list your last three employers, starting with the most recent:

1. Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Employer: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Employer: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Employer: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Program Commitment**

Monday-Friday, 9am-3pm, October 2<sup>nd</sup> 2017 – January 19<sup>th</sup> 2018

Can you commit to daily attendance?

\_\_\_\_ Yes \_\_\_\_ No

If unsure, please say why.

Do you have reliable housing for the full 4 months? \_\_\_\_ Yes \_\_\_\_ No

If unsure, please say why.

Do you have reliable transportation for the full 4 months? \_\_\_\_ Yes \_\_\_\_ No

(You will receive a bus pass if needed)

If unsure, please say why.

If applicable, do you have reliable childcare for the full 4 months? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A

If unsure, please say why.

If you do not qualify for state assistance, we will provide a \$100 per week stipend. Knowing this, will you be able to support yourself during the full 4 months? \_\_\_\_ Yes \_\_\_\_ No

If unsure, please say why.

Please rate your ability levels with:

	Low	Moderate	High	Explanation, if needed
Reading and writing in English				
Ability to lift 50 pounds				
Working in hot or cold environments				
Standing for 6 hours/day				
Designated classroom learning				
Adhering to alcohol and drug policies				
Working with others				
Showing up on time				

**Health History**

Has alcohol or substance abuse ever impacted your ability to work? \_\_\_ Yes \_\_\_ No

If yes, please explain.

Do you have mental or physical health concerns that impact your work? \_\_\_ Yes \_\_\_ No

If yes, please explain.

**Criminal Record**

Feel free to list any criminal record you may have. This is not mandatory at this time. If you are invited to an interview, we will ask about this during that conversation.

**References**

1) Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

2) Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

3) Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature**

I hereby certify that my application is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your application! Please return form to:**

Theresa Snow: P.O. Box 1174, Morrisville, VT, 05661

info@salvationfarms.org