



Salvation Farms Vermont Commodity Program Trainee Application

Thank you for your interest! We are now accepting applications for the 2017 fall cycle of the Vermont Commodity Program.

Program Dates: September 5th - December 22nd 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

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, September 5th to December 22nd 2017

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