

Foot in the Door Workplace Readiness Training Program Application Form Due: ______

When submitting this application, please note that we will be assessing applicants as Ready, Willing and Able to ensure that they are prepared to take full advantage of this training and to enter the workforce. Ready: Are you determined to change your life by working toward a career? Willing: Are you agreeable to putting in the effort necessary to succeed? Able: Can you fully commit to the hours of the program without disruption or conflict?

If you answer no to any of these things, it does not necessarily mean that you will not be accepted into the program. But knowing what barriers you may face will allow us to provide support and, if you are not prepared for the current cohort, guide you toward becoming ready for the next. If you have any questions about this, please reach out to dressforsuccessprograms@gmail.com.

Date of Application:	_
Full Name:	
	Gender Identity:
Referring Agency (if applicable):	
Personal Email:	
Complete Address:	
Phone Number:	Cell Number:
Race: ☐ Asian ☐ Black ☐ Caucasian ☐ Latinx ☐ Mixed Race/Multiple Races	□ Native American □ Native Hawaiian/Pacific Islander
Are you a □ Mother □ Single Mother	
Are you a Veteran □ Yes □ No	
Do you have reliable childcare during program hours	
If not, would you like assistance with attaining it?	

Education: Note that a high school diploma or equivalent is a requirement for the program High School Graduate/Equivalent: Some College Courses Taken: ☐ Yes ☐ No, College: _____ ☐ Yes ☐ No Bachelor's Degree: Associates Degree: ☐ Yes ☐ No College _____ ☐ Yes ☐ No, College: _____ Degree in: Degree in: Are you currently employed? Please note we will NOT be contacting your employer: \square Yes \square No If yes, are you full time or part time? \Box Full-Time \Box Part-Time Employer: Title/Position: Current Schedule: _____ Financial Assistance Currently Receiving (this information is helpful to us for reporting, but you will not be contacted and responding will not impact your benefits): □ TAFDC □ SNAP □ WIC □ Housing Assistance □ Other: _____ Please describe in detail any barriers you think you may face to participating in and completing this program. This may include a current job, childcare, a language barrier, a lack of digital literacy, poor internet connection, commitments related to post incarceration or recovery programming, etc. Remember that your response will not prevent you from being accepted. The more information you give, the more support we can provide. Use the other side of the paper if necessary.

In at least four sentences, please describe what qualities or characteristics will make you a success in this program. Use the other side of the paper if necessary.
In at least four sentences, please describe why you have chosen this training program and how participating in the program will change your life. Use the other side of the paper if necessary.

What specific skills and lessons do you hope to gain from this training? Use the other side of the paper if necessary.
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Do you have any additional comments or questions?	
be expected to sign an attendance policy and be held to no call, no show or multiple absences could result in be commit to adhere to the attendance policy as written a	oward a positive career path and economic independence
Signature	Date
Please return the completed form by email to dre	ssforsuccessprograms@gmail.com or by fax to

413.733.1524.

Specific program questions may be directed to dressforsuccessprograms@gmail.com.

For general inquiries, please contact 413.732.8179 or log on to dfswm.org.