

# DoD SkillBridge - Prospective Industry Partner Information Form

Thank you for your interest in the DoD SkillBridge Program. This questionnaire aims to gather additional details about the SkillBridge program opportunity your organization seeks to provide to transitioning Service members. A member of the DoD staff will evaluate your responses against the program requirements for SkillBridge opportunities.

Completing the questionnaire takes approximately 15 to 30 minutes.

\* The information you provide within this questionnaire will be stored and handled according to the [SkillBridge privacy policy](#). Please click below to indicate that you are over the age of 18 and agree to share your information based on the [SkillBridge privacy policy](#).

- ☐ I agree
- ☐ I do not agree

This questionnaire will address four types of SkillBridge programs:

- **Apprenticeship Programs** - A combination of on-the-job training (OJT) and related classroom instruction under the supervision of a journey-level craft person or trade professional in which workers learn the practical and theoretical aspects of a highly skilled occupation.
- **Internship Programs** - An internship is a workplace learning experience that assists participants to prepare for employment by observing and performing, within the employer's operating environment, the work activities performed by members of the employer's workforce. Internships may be completed in Federal, State, or local government or in the private sector (either for-profit or not-for-profit).
- **Employment Skills Programs** - Training or education to acquire the skills required to obtain employment, advance in employment, or adapt to the changing demands of the workplace.
- **Job Training Programs** - A method of preparing individuals to perform specific tasks by providing information about the task; demonstrations of how the tasks are performed; opportunities for the individuals to perform the tasks; and assessments of each individual's level of performance.

For more information on program types see the [DoD SkillBridge Program Types and Criteria Description List](#). Please keep these descriptors in mind as you indicate the details of your proposed SkillBridge program.

Please provide the name, position, phone number, and email address of the person responsible for completing this form:

First Name

Last Name

Phone

\* Organization Email Address

\* Organization Name:

Position:

\* What is the delivery method for the proposed SkillBridge program? *(select one)*

- ☐ In-person
- ☐ Online
- ☐ Hybrid (in-person and online)

\* Will the in-person delivery for the proposed SkillBridge program be on-base or off-base?

- ☐ On-base
- ☐ Off-base

Please specify the base(s) and/or city and state where the in-person SkillBridge program will be delivered:

Please specify the location(s) (city, state) where the in-person off-base SkillBridge program will be delivered:

\* What is the approximate duration of the proposed SkillBridge program?

-- Select --

\* Will participation in the program require that the Service member utilize benefit programs?(e.g. GI Bill or DoD Tuition Assistance)

☐ Yes

☐ No

Which benefit program(s) will be utilized? (select all that apply)

☐ DoD Tuition Assistance Funds

☐ GI Bill Benefits

☐ Other (please specify):

Please list the purpose of the use of DoD Tuition Assistance Funds:

Please provide the approximate amount of DoD Tuition Assistance Funds needed:

Please explain the type of GI Bill benefit to be used:

Please provide the approximate amount of GI Bill Funds needed:

\* Are there other costs to the Service member for this program?(select one)

- ☐ Yes
- ☐ No
- ☐ Unsure / Don't Know

Please list the type of costs to eligible Service Members(to include but not limited to all resources, tuition, and fees)

Please list the approximate amount of costs to eligible Service Members(to include but not limited to all resources, tuition, and fees):

Please specify the civilian occupation(s) to which this program is related using the most closely associated [Department of Labor O\\*NET Classification occupational codes and titles](#). (NOTE: if you are a Registered Apprenticeship program provider, you can look up relevant O\*NET codes and titles using [RAPIDS Crosswalk Search](#))

Search keyword



If you are unable to find an O\*NET job that reflects the job related to your proposed SkillBridge program, please enter the job title(s) here:

Please select all of the following that apply to the occupation(s) to which your SkillBridge program applies:

- ☐ It is in sufficient demand in the civilian workforce with a reasonable expectation and high probability of post-service employment by the Service member in that occupation following separation.
- ☐ It offers a rate of pay in the civilian workforce that is commensurate with the knowledge, skills, and abilities required to successfully perform the occupation.
- ☐ It offers reasonable prospects of advancement, especially if it is an entry-level position .
- ☐ It includes a contingent job offer with salary information to the Service member contingent upon successful completion of the SkillBridge program.
- ☐ The resulting job will provide a rate of pay that is equivalent to the Service member's current pay or that meets the prevailing wage rate (defined by the U.S. Department of Labor as the average or standard wage paid to similarly-employed workers in a specific occupation in the areas of intended employment).
- ☐ None of the above

Is your organization a Fortune 1000 company?

- ☐ Yes
- ☐ No
- ☐ Unsure / Don't Know

\* Are you a Governmental partner? (i.e. Federal, State, or Local government agency such as Department of Energy, Labor, Education, etc.)

- ☐ Yes
- ☐ No
- ☐ Unsure / Don't Know

\* Is your organization a DoD contractor?

- ☐ Yes

- ☐ No
- ☐ Unsure / Don't Know

Does your organization derive greater than 50% of its revenue from DoD and Federal contracts?

- ☐ Yes
- ☐ No
- ☐ Unsure / Don't Know
- ☐ Not Applicable

What Services are you supporting?

- ☐ Air Force
- ☐ Army
- ☐ Marine Corps
- ☐ Navy
- ☐ None of the above

How long is the period of your current current contract? *(if applicable)*

How long has your contract been in place?

Will the SkillBridge participant complete or exclusively support tasks for which the supporting organization receives awarded funding from the Department of Defense?

- ☐ Yes
- ☐ No
- ☐ Unsure / Don't Know
- ☐ Not applicable

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Would there be an ethical problem for military members currently working with your company on this contract if they were to take a job with your company upon separation and completion of this SkillBridge program?

- ☐ Yes
- ☐ No
- ☐ Unsure / Don't Know

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Where will your proposed SkillBridge training program be located? If the opportunity is near to a military installation, please include the name of the military installation. (*NOTE: distance should not exceed 25 miles*)

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\* Has your organization previously participated in a DoD related SkillBridge program or a Career Skills Program (CSP) with any branches of the armed services?

- ☐ Yes
- ☐ No
- ☐ Unsure / Don't Know

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Which branches of the armed services has your organization participated in a DoD related SkillBridge program or Career Skills Program (CSP) with?

- ☐ Air Force
- ☐ Army
- ☐ Navy
- ☐ Marine Corps
- ☐ None of the above
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What additional information would you like the DoD to consider regarding the proposed SkillBridge program?

\* Please indicate the best characterization of your proposed SkillBridge program (*select one*):

For more information on program types see the [DoD SkillBridge Program Types and Criteria List](#).

#### Apprenticeships

- ☐ **Department of Labor (DOL) Registered Apprenticeship Program** - An employer-driven system for learning the practical and theoretical aspects of a skilled occupation through a combination of on-the-job-learning and related classroom instruction that has been registered with the U.S. Department of Labor.
- ☐ **DOL Registered Pre-Apprenticeship Program** - A program or set of strategies that: a) is designed to prepare individuals to enter and succeed in a registered apprenticeship program; and, b) has a documented partnership with at least one, if not more, registered apprenticeship program(s).
- ☐ **Industry Recognized (Non-DOL-Registered) Pre-Apprenticeship Program** - A program that meets the definition of an IRAP and that includes a set of strategies that: a) is designed to prepare individuals to enter and succeed in a registered apprenticeship program; and, b) has a documented partnership with at least one, if not more, registered apprenticeship program
- ☐ **Industry Recognized (Non-DOL-Registered) Apprenticeship Program (IRAP)** - A program that has been recognized by a proven industry Standards Recognition Entity (SRE) as being high quality. It builds on a customizable model of apprenticeship.

#### Internships

- ☐ **Internship Program** - A workplace learning experience that assists participants to prepare for employment by observing and performing, within an employer's operating environment, the work activities performed by members of the employer's workforce.

#### Employment Skills or Job Training

- ☐ **Employment Skills Training Program** - Training or education to acquire the skills required to obtain employment, advance in employment, or adapt to the changing demands of the workplace.
- ☐ **Job Training Program** - A method of preparing individuals to perform specific tasks by providing information about the task; demonstrations of how the tasks are performed; opportunities for the individuals to perform the tasks; and assessments of each individual's level of performance.

In order to participate in SkillBridge as an Industry Recognized Apprenticeship or Pre-apprenticeship program, the following criteria must be met. Please check the criteria to which your program adheres:

- ☐ The Industry Program must train apprentices for employment in jobs that require specialized knowledge and experience and involve the performance of complex tasks.
- ☐ The Industry Program has structured work experiences, and appropriate classroom or related instruction adequate to help apprentices achieve proficiency; involves an employment relationship; and provides apprentices progressively advancing industry essential skills.



- ☐ The Industry Program has structured work experiences, and appropriate classroom or related instruction adequate to help apprentices achieve proficiency; involves an employment relationship; and provides apprentices progressively advancing industry essential skills.
- ☐ The Industry Program provides apprentices employment upon successful completion of the Industry Program.
- ☐ The Industry Program provides a safe working environment for apprentices that adheres to all applicable Federal, State, and local safety laws and regulations.
- ☐ The Industry Program provides apprentices structured mentorship opportunities to ensure apprentices have additional guidance on the progress of their training and their employability.
- ☐ The Industry Program affirms its adherence to all applicable Federal, State, and local laws pertaining to Equal Employment Opportunity (EEO).
- ☐ None of the above

Participation in an internship is based on strict adherence to all criteria listed below. Please attest to the fact that your proposed SkillBridge Internship Program complies with the following criteria (select all that apply):

- ☐ The Service member participant will receive full military pay and benefits for the duration of the internship and no compensation from the organization sponsoring the internship.
- ☐ The Service member will work under the close supervision of the organization's staff for the duration of the program.
- ☐ Under no circumstances will a participating Service member be requested or permitted to work more than 40 hours in any work week.
- ☐ The internship adheres to guidance from the Department of Labor Opinion Letter Regarding the DoD SkillBridge Program (refer to <https://www.dol.gov/ofccp/regs/compliance/opinionletters/DoDSkillbridge.html>).
- ☐ None of the above

Please check which of the following apply to your proposed employment skills or training SkillBridge program. The proposed SkillBridge program is:

- ☐ An Education and Job Training Program approved by the U.S. Department of Veterans Affairs (VA). (see the [VA "Search for Approved Education and Job Training Programs"](#) for more information)
- ☐ A certificate program accredited by the American National Standards Institute (ANSI) (see the [ANSI Directory of Accredited Certificate Issuers, Applicants, and Suspended Issuers](#) for more information) or the Institute for Credentialing Excellence Accredited Certificate Program (see the [ICE Accredited Certificate Programs](#) for more information)
- ☐ Accredited by an accrediting agency recognized by the U.S. Department of Education (DE) (see [DE's database of accredited programs and institutions](#) for more information).
- ☐ A National Association of State Approving Agencies (NASAA) approved Education, Training, license, or Certification Program (see the [NASAA Search for Approved Education, Training, License, Certification, and National Exam Programs](#) for more information).
- ☐ A training program accredited by the Council on Occupational Education (COE) (see [COE's list of accredited training programs](#) for more information).
- ☐ None of the above

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Are you prepared to supply details about your organization's potential SkillBridge opportunity? (This may include objectives, schedule of events, defined tasks, and additional information)

- ☐ Yes
- ☐ No
- ☐ Unsure / Don't Know

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Please provide details about the opportunity your organization will provide as a SkillBridge program. These details must include a written plan (*program standards*) embodying the terms and conditions of the program, the objective(s) of the opportunity. Additionally, provide a schedule of events, defined tasks, roles and responsibilities for both the SkillBridge participant and supervising members of the sponsoring organization and any other relevant related information that supports the objectives of the opportunity.

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Please describe the objective of the proposed opportunity:

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Please list any terms and conditions for your proposed SkillBridge program:

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Please provide a schedule for your prospective SkillBridge program:

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Please list any known tasks for your prospective SkillBridge program:

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Please provide any additional details about your prospective SkillBridge program:

\* By checking this box, I attest that the information provided within this form is true and accurate to the best of my knowledge and belief. Additionally, I acknowledge and understand that checking this box will be enforceable as to the extent of a handwritten signature for enforcement/enforceability on documents.

☐ I agree