



DoD SkillBridge

DoD SkillBridge - Combined Application 2023

Zoho Ticket ID: [TICKET]

Thank you for your interest in the DoD SkillBridge Program. This questionnaire aims to gather additional details about the SkillBridge Program opportunity(ies) 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 approval. All applicants should review the DoD SkillBridge Program Types and Criteria Description List and be prepared to provide as many details as possible for their proposed SkillBridge program(s) prior to beginning this questionnaire. Inability to provide additional details on your proposed SkillBridge Program(s) will result in ineligibility for the DoD SkillBridge Program.

Completing the questionnaire will take approximately 50 - 130 minutes depending on previous preparation time.

The information you provide within this questionnaire will be stored and handled according to the SkillBridge privacy policy. If DOD authorizes participation as a SkillBridge Partner organization, all Military Department SkillBridge leads and Commanders in the field will have access to the information provided in the application package to assess whether the program is fitting and suitable for their respective Service members who express interest in your organizations program(s).

Participation in SkillBridge is voluntary, Service member-initiated, and must be authorized by the first field grade commander authorized to impose non-judicial punishment under Article 15 of the UCMJ in the Service member's chain of command to facilitate the transition of eligible Service members into civilian sector jobs and careers with the provider or any other employer that have a high probability of post-service employment.

ATTESTATIONS

Below you will be asked to attest to a series of statements.

By selecting "I agree" to any of the following statements, you acknowledge and understand that your response is as enforceable as to the extent of a handwritten signature for enforcement/enforceability on documents.

* I acknowledge and understand that my responses below are as enforceable as to the extent of a handwritten signature for enforcement/enforceability on documents.

☐ I understand and acknowledge the above statement.

☐ I do NOT understand and do NOT acknowledge the above statement.

* 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 disagree.

* If approved by the Department of Defense for participation as a DOD SkillBridge partner, I agree on behalf of our organization to comply with the Department of Defense Equal Opportunity Policies as stated below:

The Department of Defense (DoD) is dedicated to equality of treatment and opportunity for all personnel without regard to race, religion, color, sex (including gender identity), sexual orientation, or national origin. The DoD strives to maintain a professional working environment in which a Service member's race, religion, color, sex (including gender identity), sexual orientation, or national origin will not impact his or her professional opportunities. Accordingly, within each selection charter those candidates who are best and fully qualified you must ensure that Service members are not disadvantaged because of their race, religion, color, sex (including gender identity), sexual orientation, or national origin. Your evaluation of all Service members must afford them fair and equitable consideration. You should be particularly vigilant in your evaluation to take care that no Service member's opportunity is disadvantaged by biased utilization policies or practices. You should evaluate each Service member's potential to assume the responsibilities of the next opportunity. This guidance shall not be interpreted as requiring or permitting preferential treatment of any Service member or group of individuals on the grounds of race, religion, color, sex (including gender identity), sexual orientation, or national origin.

☐ I agree

☐ I disagree

* By checking this box, I attest on behalf of our organization that the information provided within this application survey form is true and accurate to the best of my knowledge and belief. In accordance with Title 5, Section 552(a), of the United States Code (1974 Privacy Act) I authorize and consent to allowing my SkillBridge Program details to be publicly posted to the SkillBridge website.

☐ I agree

Warning

If this survey is opened in multiple windows, you may lose your survey responses and have to start over. Please be careful to only have one copy of the survey open at a time. If you need to step away, select the "Save and continue" option at the bottom of the page.

This questionnaire will address four types of SkillBridge programs:

1. **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. (The majority of SkillBridge programs fall in this category and organizations have a specific career and position in mind that they are seeking to place the Service member in upon completion of the SkillBridge Training program).
2. **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.
3. **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).
4. **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.

Please keep these descriptors in mind as you indicate the details of your proposed SkillBridge program.

* Provide the name of the organization that is applying to be a SkillBridge Program industry partner:

?

* Provide the Employer Identification Number (EIN):

?

* Provide the organization’s mailing address:

* Provide the organization’s phone number: ?

* Provide the URL to your organization’s website.

?

Please provide the contact information for the three organization members listed below:

- 1. Executive Leadership
- 2. Compliance Contact
- 3. MOU Contact

You will be asked to include their name, position, phone number, and email address.

Executive Leadership

* First Name:

* Last Name:

* Position Title:

* Phone Number: ?

* Email Address:

Compliance Contact

* First Name:

* Last Name:

* Position Title:

* Phone Number: [?](#)

* Email Address:

MOU Contact

* First Name:

* Last Name:

* Position Title:

* Phone Number: [?](#)

* Email Address:

* Are you preparing this application for another company? [?](#)

☐ Yes

☐ No

Please provide your personal information and that of the organization you are preparing this application for below:

* First name:

* Last name:

* Phone Number:



* Email Address:

* Name of Organization you are applying for:

Organization Type

* Is your organization a Fortune 1000 company?

☐ Yes

☐ No

* What is your organization's type?

☐ Profit

☐ Non or Not for Profit

☐ County/Municipality/City

☐ State

☐ Federal

☐ Other

Other

* Does your organization support cohorts?



☐ Yes

☐ No

* Will your organization support other military-connected populations (*i.e., veterans and military spouses*)?

Please check all that apply.



Service members



Veterans



Military spouses



None of the Above

* Are you a Governmental partner?

(*i.e. Federal, State, or Local government agency such as Department of Energy, Labor, Education, etc.*)



Yes



No

* Is your organization a DoD contractor?



Yes



No

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

☐ Yes

☐ No

* What services are you supporting?

☐ Air Force

☐ Army

☐ Coast Guard

☐ Marine Corps

☐ Navy

☐ Space Force

☐ Other

Other

* How long is the period of your current contract?

* 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
- ☐ Not Applicable

* Please clarify whether your organization has opportunities for Service member participation that are not funded exclusively by the Department of Defense.



* 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

* Provide additional details about the ethical problem for military members if they were to take a job with your company upon separation and completion of your SkillBridge Program:

* Does your organization have an opportunity wherein a Service member may expect to transition into an occupation that has pay that is exclusively or primarily commission based?



Yes



No



Unsure/Don't Know

* Has your organization previously participated in DoD related SkillBridge program or a Career Skills Program (CSP) with any branches of the armed services without having a DoD/OSD – level agreement or MOU signed?



Yes



No

* 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



Coast Guard



Marine Corps



Navy



Space Force



None of the above

This section of the questionnaire asks about the delivery type and the location details for the purposes of understanding the proposed program(s).

If your organization seeks to offer different types of programs, you will be required to fill out the details to include Training Plan and Job Description details for each type of program you intend to offer. For example, if your organization is applying to offer SkillBridge Training Opportunities for Truck Drivers/Commercial Drivers License Training, and separately a Program Management Specialist, and additionally an IT Development Specialist, you would select “Yes” to the question below “Will your organization be offering more than one SkillBridge program?” and then fill out the required information for each program separately.

Multiple program types does not mean a single program offered at multiple locations. If your organization will only offer one program type but at multiple locations, you will only need to fill out the Training Plan and Job Description information once. The locations can be listed separately in the body of the application.

* Provide the name of your SkillBridge Program, if different from the organization name.

If the same, please enter “same”.

* Will your organization be offering more than one SkillBridge program?

☐ Yes

☐ No

* What is the delivery method for the proposed SkillBridge program?

(Note: If your program is accepted, this information will be displayed on the SkillBridge website)

☐ In-person

☐ Online

☐ Hybrid

- * The SkillBridge Program provides participants with job training and employment skills training to help prepare participants for employment in the civilian sector. Please provide justification that the internship program that is entirely online meets all SkillBridge requirements:

- * Will the in-person delivery for the proposed SkillBridge program be on-base or off-base? (select all that apply)

☐ On-base

☐ Off-base

- * Will your program be delivered in multiple locations?

☒ ?

☐ Yes, the program will have opportunities in multiple locations

☐ No, program will be delivered in one location

- * Will your program have opportunities nationwide (*i.e., offered in three or more states in two or more U.S. regions*)? ☒ ?

☐ Yes

☐ No

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

	Military Base Installation	City	State
Address of Location 1			
Address of Location 2			
Address of Location 3			
Address of Location 4			
Address of Location 5			
Address of Location 6			
Address of Location 7			
Address of Location 8			
Address of Location 9			
Address of Location 10			
	Military Base Installation	City	State
More than 10 Locations? <i>Type "More" in each cell.</i>			

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

- ☒ ?
- ☐ 0 to 30 days
- ☐ 31 to 60 days
- ☐ 61 to 90 days
- ☐ 91 to 120 days
- ☐ 121 to 150 days

☐ 151 to 180 days

* Is your organization able to accommodate opportunities of 120 days or fewer?

☐ Yes

☐ No

* Please provide additional information about your organization's ability to accommodate opportunities of 120 days or fewer:

* Will your organization *only* be providing training?

☐ ?

☐ Yes

☐ No

* It is imperative that each program applying to become a SkillBridge partner understands Service members get **one** transition opportunity and SkillBridge opportunities are designed to set Service members up for post-Service success.

Does your program set Service members up for post-Service success by discussing hiring and employment options for the Service member during their training?

☐ Yes, we dedicate time during training to discuss hiring and employment options.

☐ No, we do not set Service members up for post-Service success.

* Does your organization have a network of partners established that will hire the graduates of this program upon completion?

☐ Yes

☐ No

* Is your organization the only entity from this program that is looking to hire the participants? (?)

☐ Yes

☐ No

* How many participants is your organization looking to hire annually?

☐ 1 participant

☐ 2 – 5 participants

☐ 6 – 10 participants

☐ 10 or more participants

* Will participation in the program require that the Service member utilize benefit programs (e.g., GI Bill)? (?)

☐ Yes

☐ No

* Which benefit program(s) will be utilized?

☐ GI Bill Benefits

☐ Other

Other

Provide a description of the type(s) of GI Bill benefit(s) to be used and their respective approximate cost(s):

	Cost		
	Type of GI Bill Benefit	Enter numeric dollar amount - \$X.XX	Number of Months
GI Bill Benefit Type 1			
GI Bill Benefit Type 2			
GI Bill Benefit Type 3			
GI Bill Benefit Type 4			
GI Bill Benefit Type 5			
GI Bill Benefit Type 6			
GI Bill Benefit Type 7			
GI Bill Benefit Type 8			
GI Bill Benefit Type 9			
GI Bill Benefit Type 10			

	Cost	
	Enter numeric dollar amount -	
Type of GI Bill Benefit	\$X.XX	Number of Months
More than 10 GI Bill Benefit Types?		
Type "more" in each cell of this row.		

* Are there other costs to the Service member for this program?

☐ Yes

☐ No

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

	Cost Type	Cost <i>Enter numeric dollar amount - \$X.XX</i>
Participant Cost Type 1		
Participant Cost Type 2		
Participant Cost Type 3		
Participant Cost Type 4		
Participant Cost Type 5		
Participant Cost Type 6		
Participant Cost Type 7		
Participant Cost Type 8		
Participant Cost Type 9		
Participant Cost Type 10		
	Cost Type	Cost <i>Enter numeric dollar amount - \$X.XX</i>
More than 10 Participant Cost Types?		

Enter "more" in each cell of this row.

- * For the each of the listed participant costs, describe each cost, it's estimate, and the reason for the cost:

- * Please select the relevant Department of Labor O*NET Job Family(ies) to your proposed SkillBridge Program:

Architecture and Engineering

Arts, Design, Entertainment, Sports, and Media

Building and Grounds Cleaning and Maintenance

Business and Financial Operations



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

Please provide details about the jobs that may be obtained through participation in your SkillBridge Program:

- * Job Description(s):

- * Estimated starting salary range(s):

* Estimated labor demand/anticipated demand:

- ☐ Declining
- ☐ Average
- ☐ Growing
-

* Please select all of the following that apply to 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
-

* Please indicate the best characterization of your proposed SkillBridge program:

- ☐ ?
- ☐ Department of Labor 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.
-

- ☐ Industry Recognized 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 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.
- ☐ 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.
- ☐ Job Training Program or Employment Skills 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. Training or education to acquire the skills required to obtain employment, advance in employment, or adapt to the changing demands of the workplace.

*** 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

*** 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 program accredited by the ANSI National Accreditation Board (ANAB) (see the ANAB Directory 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
-

*** Please describe the objective of the proposed opportunity:**

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

Please provide any additional details about your prospective SkillBridge program:

The following questions are asked so that your organization's opportunities will appear on the DOD SkillBridge Program Locations page **IF APPROVED BY DOD**.

Your organization may opt to not provide answers to the questions below, however, not providing the information below means that your organization **IF APPROVED BY DOD** will only be listed on the DOD SkillBridge Program Partner page without any detailed descriptions or contact information for interested Service members or their respective commanders to make contact with your organization. Some organizations prefer to just be listed as an approved organization on the DOD SkillBridge website and not put their details on the DOD SkillBridge Locations page and then do their own recruiting and referral to the SkillBridge program through their own military outreach and recruitment efforts.

Please note further, there are statements of attestation that are required at the end of this application that must be completed regardless of your decision on the Program Location Details.

Location details for your organization's proposed SkillBridge Program provided below will appear on the SkillBridge locations webpage.

The information collected below will be displayed for prospective Service members and Commanders to reference in making their SkillBridge selection.

- * Does your organization have currently existing MOU/MOA(s) with any military installations for similar Job Skills programs such as the Army Career Skills Program or related opportunities?



☐ Yes

☐ No

* In which state(s) will your program be delivered?

☐ ?

☐ Nationwide (All States) / Online

☐ Alabama (AL)

☐ Alaska (AK)

☐ Arizona (AZ)

☐ Arkansas (AR)

☐ California (CA)

☐ Colorado (CO)

☐ Connecticut (CT)

☐ Delaware (DE)

☐ Florida (FL)

☐ Georgia (GA)

☐ Hawaii (HI)

☐ Idaho (ID)

☐ Illinois (IL)

☐ Indiana (IN)

☐ Iowa (IA)

☐ Kansas (KS)

☐ Kentucky (KY)

- ☐ Louisiana (LA)
- ☐ Maine (ME)
- ☐ Maryland (MD)
- ☐ Massachusetts (MA)
- ☐ Michigan (MI)
- ☐ Minnesota (MN)
- ☐ Mississippi (MS)
- ☐ Missouri (MO)
- ☐ Montana (MT)
- ☐ Nebraska (NE)
- ☐ Nevada (NV)
- ☐ New Hampshire (NH)
- ☐ New Jersey (NJ)
- ☐ New Mexico (NM)
- ☐ New York (NY)
- ☐ North Carolina (NC)
- ☐ North Dakota (ND)
- ☐ Ohio (OH)
- ☐ Oklahoma (OK)
- ☐ Oregon (OR)
- ☐ Pennsylvania (PA)
- ☐ Puerto Rico (PR)
- ☐ Rhode Island (RI)

- ☐ South Carolina (SC)
- ☐ South Dakota (SD)
- ☐ Tennessee (TN)
- ☐ Texas (TX)
- ☐ Utah (UT)
- ☐ Vermont (VT)
- ☐ Virginia (VA)
- ☐ Washington (WA)
- ☐ West Virginia (WV)
- ☐ Wisconsin (WI)
- ☐ Wyoming (WY)
- ☐ District of Columbia (DC)
- ☐ Other

Other

*** Is your SkillBridge Program designed for any targeted military occupation codes (MOCs)?**

- ☐ Yes, this SkillBridge Program is targeted towards specific MOCs
- ☐ No, this SkillBridge Program applies to all MOCs

*** Are there prerequisite eligibility requirements**

- ☐ Yes

☐ No

* Please list the eligibility requirements for your SkillBridge program:
