



DoD SKILLBRIDGE

DoD SkillBridge Industry Partner Program Details Form

Thank you for your participation in the DoD SkillBridge Program!

If your organization would like to submit new information or update existing information about your authorized SkillBridge Program please complete this questionnaire which aims to gather additional details about your authorized SkillBridge Program to display on the DoD SkillBridge website.

Before you begin this questionnaire please review your current program details on the [Authorized SkillBridge Program Organizations page](#) and/or the [SkillBridge locations page](#). You will be prompted to indicate if you would like to update your SkillBridge Program locations details in addition to your program's details listed on the Authorized SkillBridge Program Organizations page. All responses will be used for display on the SkillBridge website unless noted otherwise throughout the questionnaire.

[Click here](#) for a preview of the questionnaire.

Completing this questionnaire takes approximately 10 - 15 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 disagree

Organization and Point of Contact Details

* Provide the name of the organization that is supporting this SkillBridge Program:

Note: Please ensure the spelling and grammar of your organization's name is correct.

Provide the name of your SkillBridge Program (if different from organization name):

Note: If your organization supports multiple SkillBridge Programs complete this questionnaire for each individual program separately.

Provide the URL to your organization's website or your organization's SkillBridge Program website:

Note: All organizations are advised to maintain a SkillBridge specific webpage for their opportunities.

Provide the name and email address for your organization's SkillBridge Program **point of contact responsible for administrative maintenance** of the program:

Note: This information will be used for internal purposes, and will not be published to the website.

*

First Name

*

Last Name

Phone

*

Email Address

Provide the name and email address for your organization's main SkillBridge Program **point of contact responsible for communicating with potential applicants/participants**:

*

First Name

*

Last Name

*

Email Address

Program Delivery Details

* What is the duration of your SkillBridge Program?

- ☐ 1 - 30 days
 - ☐ 31 - 60 days
 - ☐ 61 - 90 days
 - ☐ 91 - 120 days
 - ☐ 121 - 150 days
 - ☐ 151 - 180 days
-

* Which branch(es) of military Service does your SkillBridge program support? *(select all that apply)*

- ☐ All Services
 - ☐ Air Force
 - ☐ Army
 - ☐ Coast Guard
 - ☐ Marine Corps
 - ☐ Navy
-

* What is the delivery method for your SkillBridge program?

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

* Will your program be delivered in multiple locations?

- ☐ Yes, program will have opportunities in multiple locations
- ☐ No, program will be delivered in one location

Program Characteristics

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

- ☐ Department of Labor (DOL) Registered Apprenticeship Program
 - ☐ DOL Registered Pre-Apprenticeship Program
 - ☐ Industry Recognized (Non-DOL-Registered) Pre-Apprenticeship Program
 - ☐ Industry Recognized (Non-DOL-Registered) Apprenticeship Program (IRAP)
 - ☐ Internship Program
 - ☐ Employment Skills Training Program
 - ☐ Job Training Program
-

* Please indicate the relevant Department of Labor O*NET Job Family(ies) to your SkillBridge Program(*select all that apply*):

- ☐ Architecture and Engineering
- ☐ Arts, Design, Entertainment, Sports, and Media
- ☐ Building and Grounds Cleaning and Maintenance
- ☐ Business and Financial Operations
- ☐ Community and Social Service
- ☐ Computer and Mathematical
- ☐ Construction and Extraction
- ☐ Education, Training, and Library
- ☐ Farming, Fishing, and Forestry
- ☐ Food Preparation and Serving Related
- ☐ Healthcare Practitioners and Technical
- ☐ Healthcare Support
- ☐ Installation, Maintenance, and Repair
- ☐ Legal
- ☐ Life, Physical, and Social Science
- ☐ Management
- ☐ Military Specific
- ☐ Office and Administrative Support
- ☐ Personal Care and Service
- ☐ Production
- ☐ Protective Service

- ☐ Sales and Related
 - ☐ Transportation and Material Moving
 - ☐ Other (please specify):
-

Program Participation Details

* What military-connected populations does your SkillBridge Program support? *(select all that apply)*

- ☐ Service members
 - ☐ Veterans
 - ☐ Military spouses
-

* Does your organization support cohorts?

Note: Cohorts are defined as groups of three or more participants in an opportunity at one time.

- ☐ Yes
 - ☐ No
-

Program Enrollment Details

* Does your SkillBridge Program have continuous/rolling/open enrollment or does your SkillBridge Program have specific start and end dates?

- ☐ Continuous open enrollment
 - ☐ Specific start and end dates
-

Please provide your planned program delivery start and end dates:

Program Location Update

* Would you like to update your SkillBridge Program information on the [SkillBridge locations webpage](#)?

- ☐ Yes
- ☐ No

States of Program Delivery

* In which state(s) will your program be delivered?
Note: If your program is delivered in all states or online please enter "Nationwide (All states)".

Search keyword

▼

Program Location Details

- * Does your organization have MOU/MOA(s) with any military installations?
- ☐ Yes
- ☐ No

* In how many locations will your SkillBridge Program be delivered?

- ☐ Online
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4
 - ☐ 5
 - ☐ 6
 - ☐ 7
 - ☐ 8
 - ☐ 9
 - ☐ 10
 - ☐ 11 or more
-

Provide the bases/installations, cities, states, and zip codes for the locations of your SkillBridge Program:

Note: Number of locations per SkillBridge Program listed on the website is limited to 50 map pins. If you fail to include a valid city, state, and zip code your program may not be displayed on the SkillBridge locations map.

| | Base/Installation (If not applicable enter N/A) | City | State | Zipcode |
|-------------|---|------|-------------------|---------|
| Location 1 | | | -- Select -- ▼ | |
| Location 2 | | | -- Select -- ▼ | |
| Location 3 | | | -- Select -- ▼ | |
| Location 4 | | | -- Select -- ▼ | |
| Location 5 | | | -- Select -- ▼ | |
| Location 6 | | | -- Select -- ▼ | |
| Location 7 | | | -- Select -- ▼ | |
| Location 8 | | | -- Select -- ▼ | |
| Location 9 | | | -- Select -- ▼ | |
| Location 10 | | | -- Select -- ▼ | |
| Location 11 | | | -- Select -- ▼ | |
| Location 12 | | | -- Select -- ▼ | |
| Location 13 | | | -- Select -- ▼ | |
| Location 14 | | | -- Select -- ▼ | |

| | | | | | |
|-------------|--|--|--------------|---|--|
| Location 15 | | | -- Select -- | ▼ | |
| Location 16 | | | -- Select -- | ▼ | |
| Location 17 | | | -- Select -- | ▼ | |
| Location 18 | | | -- Select -- | ▼ | |
| Location 19 | | | -- Select -- | ▼ | |
| Location 20 | | | -- Select -- | ▼ | |
| Location 21 | | | -- Select -- | ▼ | |
| Location 22 | | | -- Select -- | ▼ | |
| Location 23 | | | -- Select -- | ▼ | |
| Location 24 | | | -- Select -- | ▼ | |
| Location 25 | | | -- Select -- | ▼ | |
| Location 26 | | | -- Select -- | ▼ | |
| Location 27 | | | -- Select -- | ▼ | |
| Location 28 | | | -- Select -- | ▼ | |
| Location 29 | | | -- Select -- | ▼ | |
| Location 30 | | | -- Select -- | ▼ | |
| Location 31 | | | -- Select -- | ▼ | |
| Location 32 | | | -- Select -- | ▼ | |

| | | | | | |
|-------------|--|--|--------------|---|--|
| Location 33 | | | -- Select -- | ▼ | |
| Location 34 | | | -- Select -- | ▼ | |
| Location 35 | | | -- Select -- | ▼ | |
| Location 36 | | | -- Select -- | ▼ | |
| Location 37 | | | -- Select -- | ▼ | |
| Location 38 | | | -- Select -- | ▼ | |
| Location 39 | | | -- Select -- | ▼ | |
| Location 40 | | | -- Select -- | ▼ | |
| Location 41 | | | -- Select -- | ▼ | |
| Location 42 | | | -- Select -- | ▼ | |
| Location 43 | | | -- Select -- | ▼ | |
| Location 44 | | | -- Select -- | ▼ | |
| Location 45 | | | -- Select -- | ▼ | |
| Location 46 | | | -- Select -- | ▼ | |
| Location 47 | | | -- Select -- | ▼ | |
| Location 48 | | | -- Select -- | ▼ | |
| Location 49 | | | -- Select -- | ▼ | |
| Location 50 | | | -- Select -- | ▼ | |

Program Summary & Prospective Job Details

* Please provide a summary description of your SkillBridge Program:

Note: Please do not include any special characters or formatting (i.e. bullet points, indentations, emphasis, colors, etc.) as it will not translate to the website.

For more information click the help icon



* Please provide a brief description of the types of jobs your SkillBridge Program is intended to lead to:

Note: Please do not include any special characters or formatting (i.e. bullet points, indentations, emphasis, colors, etc.) as it will not translate to the website.

For more information click the help icon



Please provide the URL that lists job postings *(if applicable)*.

* In which states are prospective jobs located?

Search keyword



What is the estimated starting salary range for prospective jobs:

What is the estimated labor demand/anticipated demand (average, growing, declining, etc.) for prospective jobs:

- ☐ Declining
- ☐ Average
- ☐ Growing

Targeted Military Occupation Codes (MOCs)

* 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

Please indicate the military occupation codes your SkillBridge Program is designed for:

Note: For more information on military occupation codes see the [CareerOneStop Civilian-to-Military Occupation Translator](#).

Program Prerequisite Eligibility Requirements

* Are there prerequisite eligibility requirements for your SkillBridge Program?

☐ Yes

☐ No

Please list the eligibility requirements for your SkillBridge Program:

Program Cost

* Is the participant required to pay a cost for participation in your SkillBridge Program (*including G.I. Bill and VA benefits*)?

☐ Yes

☐ No

What is the cost of your SkillBridge Program that participants are required to pay? (*if applicable*)

Additional Comments

Please provide any additional information you would like to be published to the SkillBridge website:

Note: Please do not include any special characters or formatting (i.e. bullet points, indentations, emphasis, colors, etc.) as it will not translate to the website.

Are there any additional comments you would like to provide to SkillBridge administrators?

Note: The information you provide below is for internal purposes, and will not be published to the website.

* By implementing this SkillBridge Program I agree 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

* 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. 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. 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



I'm not a robot



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