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.

Applicants should review the DoD SkillBridge Program Types and Criteria Description List and be prepared to provide details for their proposed SkillBridge Program prior to beginning this questionnaire.

**Inability to provide additional details on your proposed SkillBridge Program will result in ineligibility for the DoD SkillBridge Program.**

A preview of the questionnaire is available here.

Completing the questionnaire will take approximately 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 disagree

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

*Note: If your program is accepted, this information will be displayed on the SkillBridge Website, please ensure the spelling and grammar of your organization’s name is correct.*

Provide the URL to your organization’s website:

*Note: If your program is accepted this information will be displayed on the SkillBridge Website.*

Provide the name, position, phone number, and email address of the person responsible for completing the SkillBridge Program application process:

<table>
<thead>
<tr>
<th>Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>Position</td>
</tr>
<tr>
<td>Phone Number</td>
</tr>
<tr>
<td>Email Address</td>
</tr>
</tbody>
</table>
Provide the name and email address for the main SkillBridge Program point of contact:

* First Name

* Last Name

* Email Address

SkillBridge Live Help Now Ticket Number *(if applicable)*:

<table>
<thead>
<tr>
<th>Program Delivery Details and Location</th>
</tr>
</thead>
</table>

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

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

Note: If your program is accepted, this information will be displayed on the SkillBridge Website.

- Yes
- No

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Base / Installation (if applicable)</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location 1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Location 2</td>
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<td>Location 3</td>
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<td>Location 5</td>
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<td>Location 6</td>
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<td>Location 7</td>
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<td>Location 8</td>
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<tr>
<td>Location 9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location 10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What is the approximate duration of the proposed SkillBridge program? (select one)**

*Note: Ideally, SkillBridge Programs are 120 days or less. If your program is accepted, this information will be displayed on the SkillBridge Website.*

- [ ] 0 to 30 days
- [ ] 31 to 60 days
- [ ] 61 to 90 days
- [ ] 91 - 120 days
- [ ] 121 - 150 days
- [ ] 151 - 180 days
Is your organization able to accommodate opportunities of 120 days or fewer?

- Yes
- No

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

[Blank Field]

Will your organization only be providing training?

- Yes
- No

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

- Yes
- No

Is your organization an employer with an employment training program?

- 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? (*select one*)

- 1 participant
- 2 - 5 participants
- 6 - 10 participants
- 10 or more participants

Program Cost Details

* 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):
Provide the purpose of using and the approximate amount of DoD Tuition Assistance Funds:

<table>
<thead>
<tr>
<th>Purpose of Use:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Approximate Amount:</td>
<td></td>
</tr>
</tbody>
</table>

Provide a description of the type of GI Bill benefit and the approximate amount to be used:

<table>
<thead>
<tr>
<th>Type of GI Bill Benefit</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Approximate Amount:</td>
<td></td>
</tr>
</tbody>
</table>

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

- Yes
- No
- Unsure / Don't Know

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

<table>
<thead>
<tr>
<th>Type of Costs:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Approximate Amount:</td>
<td></td>
</tr>
</tbody>
</table>
Explain any costs and why there may be any unknown costs, what the estimate is for these costs, and a description of the costs:

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

*Note: If your program is accepted, this information will be displayed on the SkillBridge Website.*

- 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
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:

*Note: If your program is accepted, this information will be displayed on the SkillBridge Website.*

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

**Job Description:**

**Estimated starting salary range:**

**Estimated labor demand/anticipated demand (average, growing, declining, etc.):**

- Declining
- Average
- Growing
• 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

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**Organizational Details**

**Is your organization a Fortune 1000 company?**

- [ ] Yes
- [ ] No
- [ ] Unsure / Don't Know
What is your organization's type?

- Profit
- Non or Not For Profit
- County/Municipality/City
- State
- Federal
- Other

* Does your organization support cohorts?

Note: Cohorts are defined as groups of three or more participants in an opportunity at one time. If your program is accepted, this information will be displayed on the SkillBridge Website.

- Yes
- No
- Other (please specify):

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

Note: If your program is accepted, this information will be displayed on the SkillBridge Website.

- Service members
- Veterans
- Military spouses
* 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
- None of the above

How long is the period of your current contract? *(if applicable)*
How long has your contract been in place? *(if applicable)*

* 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

Clarify whether your organization has opportunities wherein a Service member may participate and are not funded exclusively by the Department of Defense:

*Note: Opportunities may not be suited for the DoD SkillBridge Program if the tasks performed by participants are exclusively funded 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?

*Note: If there is an ethical problem then the opportunity may not be suited to the DoD 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 a pay that is neither exclusively nor primarily commission based?

Note: Opportunities that prepare Service members for occupations that are commission based are not suited for the DoD SkillBridge Program

- Yes
- No
- Unsure / Don’t Know

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

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
- Marine Corps
- Navy
- None of the above
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.

Note: If your program is accepted, this information will be displayed on the SkillBridge Website.

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

*Note: Inability to supply additional details will result in ineligibility for the DoD SkillBridge Program*

- [ ] Yes
- [ ] No

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.

Please describe the objective of the proposed opportunity:

Please list any terms and conditions for your proposed SkillBridge program:
Please provide a schedule for your prospective SkillBridge program:

*Note: Opportunities wherein a Service member may participate that are compatible with a Monday to Friday schedule with a start time of about 8:00 AM and an ending time of about 5:00 PM daily, and do not exceed 40 hours per week are preferred. The opportunity may not be suited to the DoD SkillBridge Program if the proposed schedule deviates significantly from the standard Monday - Friday 9AM - 5PM schedule.*


Please list any known tasks for your prospective SkillBridge program:


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. 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