

# D O D S K I L L B R I D G E

Thank you for your interest in the DoD SkillBridge program.

DoD SkillBridge facilitates the transition of eligible service members into civilian sector careers with industry providers/employers for a high probability of post-service employment. This application aims to gather details about the SkillBridge program opportunity(ies) your organization seeks to provide to transitioning Service members. If DoD authorizes your participation as a SkillBridge authorized organization, all Military Department SkillBridge leads and Commanders 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 Service members must be approved by their first field grade commander authorized to impose nonjudicial punishment under Article 15 of the Uniform Code of Military Justice (UCMJ).

DoD staff will evaluate your responses against the program requirements for SkillBridge approval. The information you provide within this application will be stored and handled according to the SkillBridge privacy policy. SkillBridge Privacy policy.

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### Application Type & Information

### Type of SkillBridge Application (select one):

**Intake Application:** My organization or the organization I'm sponsoring is seeking to initiate a DoD SkillBridge MOU for the first time

**Renewal:** My organization or the organization I'm sponsoring has a current or expired DoD SkillBridge MOU that needs to be renewed

### Provide your contact information as the person completing this application for another organization.

- First Name:
- Last Name:
- Phone Number:
- Email Address:
- Position Title:
- Name of your organization:

Name of the organization application is being submitted for (if different from above):

### Attestations

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

### Please agree to all statements below.

#### If you can NOT attest, you cannot proceed. Please close the browser to exit the application.

# I acknowledge and understand that my responses 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 provider, 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

### It is imperative that each program applying to become a DoD SkillBridge authorized organization 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, time is dedicated during training to discuss hiring and employment options

No, time is not dedicated for Service members to discuss hiring and employment options

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

I Agree

I Disagree

I understand that a SkillBridge program cannot exceed 180 days for any eligible Service member and must be within the last 180 days of military service obligation.

Yes

No

I acknowledge that the well-being of Service members is a top priority and that no training opportunities or programs will put the Service member at a national security risk; nor physical, emotional, or professional risk. If performing high risk training, Service members will only participate in controlled training environments.

I Agree

I Disagree

I acknowledge that my SkillBridge training program must not conflict with DoD policies and regulations for Service members (i.e., cannabis/marijuana production, placement with political organizations.) (e.g., lobbyist firms, political parties)

I Agree

I Disagree

### I acknowledge that I have completed the DoD SkillBridge Ethics training session. SkillBridge Webinar

Yes: I have attended the DoD SkillBridge Ethics training and a copy of my certificate of completion is uploaded.

No: I have not completed DoD SkillBridge Ethics training yet

# I verified my organization/company is active and in good standing with the Secretary of State. The Secretary of State verification documents are required to be provided with this application.

**N/A:** My organization is a government organization (i.e., federal, state or local/municipal government) and exempt from this requirement.

**Yes**: I have verified my organization is in good standing and uploaded a copy of the verification documentation from my Secretary of State's website.

**No**: I do not have the Secretary of State required document and understand this will delay the processing of my application.

#### I confirm my organization has been established for a minimum of 3 years?

Important Note to Third-Party Providers: This question is for your organization, not the organization you're sponsoring

Yes: My organization has been established for 3 years or more.

No: My organization has not been established for at least 3 years.

I acknowledge that I must submit my organization's SkillBridge program's training plan(s) for each position before I am a DoD SkillBridge Authorized Organization and can intake Service member participation.

I Agree

I Disagree

### Third Party Provider

### Are you preparing this application for another organization/company?

Yes

No

### Are you a third-party provider?

A third-party provider is an umbrella organization that manage and coordinate SkillBridge opportunities on behalf of one or multiple employers and/or training providers

Yes

No

### As a third-party provider do you have a current DoD SkillBridge MOU?

Yes

No

### Since you are preparing this application for another organization, what type of third party do you identify as?

**For-profit:** Fee-for-service (charges cost to assist organizations with the DoD SkillBridge process and/or assist sponsoring organizations with recruitment, placement, and/or marketing to identifying Service members who match their SkillBridge opportunities)

**For-profit:** NO Fee-for-service (does not charge cost to assist organizations with the DoD SkillBridge process and/or assist sponsoring organizations with recruitment, placement, and/or marketing to identifying Service members who match their SkillBridge opportunities)

**Non-profit:** Fee-for-service 501(c)(3) (charges cost to assist organizations with the DoD SkillBridge process and/or assist sponsoring organizations with recruitment, placement, and/or marketing to identifying Service members who match their SkillBridge opportunities)

**Non-profit:** NO Fee-for-service 501(c)(3) (does not charge cost to assist organizations with the DoD SkillBridge process and/or assist sponsoring organizations with recruitment, placement, and/or marketing to identifying Service members who match their SkillBridge opportunities)

**Federal, State or Local Government** third-party liaisons who assist internal to your state (e.g., state workforce boards), federal government agency, county or city with the DoD SkillBridge process and/or assist with recruitment, placement, and/or marketing to identify Service members who match SkillBridge opportunities.

### Organizational Information

If you are a third party, provide the information on the organization you're sponsoring for the remaining sections of the application.

### Organization's Employer Identification Number (EIN):

Address line 1:

Address line 2:

City:

State:

Zip Code:

### **Organization's Phone Number:**

### Provide the URL to your organization's website:

### How long has your organization been established?

3-5 years

6-10 years

11-15 years

16-20 years

20+ years

### What is the organization's size?

Based on the size of your organization you will be required to accept a minimum number of SkillBridge participants each year

Small (200 or fewer employees) - must accept minimum of 1 SkillBridge candidates per year Midsize (201-400 employees) - must accept minimum of 2 SkillBridge candidates per year Midsize (401-600 employees) - must accept minimum of 3 SkillBridge candidates per year Large (601-1000 employees) - must accept minimum of 4 SkillBridge candidates per year Large (more than 1001 employees) - must accept minimum of 5 SkillBridge candidates per year

### What is your organization's type?

For Profit Non or Not for Profit County/Municipality/City government State government

Federal government

Other

#### Is your organization a:

Fortune 1000 company

Fortune 500 company

Fortune 100 company

None of the above

# Select military/veteran recruiting, employing, retention, or support awards your organization has been the recipient of?

Secretary of Defense Employer Support Freedom Award

Department of Labor's HIRE Vets Medallion Program

None of the above

Other: \_\_\_\_\_

### Is your organization an Academic Institution of Higher Learning (College or University)?

Only postsecondary academic institutes and programs accredited by the Department of Education will be approved as a DoD SkillBridge training provider

Yes

No

## Will your organization's SkillBridge program include a certificate program as part of participation/completion?

Yes

No

### What accreditation body(ies) is your organization's certificate program accredited?

Certificate programs listed in the American National Standards Institution (ANSI) National Accreditation Board (ANAB) will be approved as a DoD SkillBridge certificate program pending all other criteria is met. Other accreditation bodies will be considered if the institution is accredited by the Department of Education. <u>National Standards Institution (ANSI) National Accreditation Board (ANAB)</u>

### Is your organization a Military Service Organization (MSO) or a Veteran Service Organization (VSO)?

Yes

No

### Does your organization primarily offer commission-based occupations/opportunities for Service members?

Yes

No

Unsure/Don't Know

# Does your organization plan to hire direct or leverage a network of partners to find employment opportunities for Service members?

Hire Service members directly within our organization

Leverage a network of employer partners to assist with employment opportunities for Service members

Both, hire direct and leverage a network of employers for Service member employment

Unsure/Don't Know

### Federal/Defense Contractors

### Is your organization a current federal contractor?

Yes
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No

#### Is your organization a current defense contractor?

- Yes
- No

### What Military Services(s) and/or DoD organization(s) are you supporting in your Defense contract? (select all that apply)

Air Force	Defense Human Resources Activity (DHRA)	DoD Test Resource Management Agency (TRMC)	
Army	Defense Information Systems Agency	Department of Defense Education Activity	
Coast Guard	(DISA)	(DoDEA)	
Marine Corps	Defense Intelligence Agency (DIA)	Joint Chiefs of Staff (JCS)	
Navy	Defense Legal Services Agency	Missile Defense Agency	
Space Force	(DLSA)	National Geospatial Intelligence Agency	
Defense Acquisition University (DAU)	Defense Logistics Agency (DLA)	(NGA)	
Defense Advanced Research Projects	Defense Media Activity (DMA)	National Reconnaissance Office (NRO)	
Agency (DARPA)	Defense POW/MIA Accounting	National Security Agency/Central Security	
Defense Commissary Agency (DeCA)	Agency (DPAA)	Service (NSA)(CSS)	
Defense Contract Audit Agency (DCAA)	Defense Security Cooperation Agency (DSCA)	Office of Local Defense Community Cooperation (OLDCC)	
Defense Contract Management Agency (DCMA)	Defense Technical Information Center (DTIC)	Office of the Inspector General of the Department of Defense (OIG)	
Defense Counterintelligence Agency (DCSA)	Defense Technology Security Agency (DTSA)	Office of the Secretary of Defense (OSD)	
Defense Finance and Accounting		Pentagon Force Protection Agency (PFPA)	
Services (DFAS)	Defense Threat Reduction Agency (DTRA)	Washington Headquarter Service (WHS)	
Defense Health Agency (DHA)			

# Will the DoD SkillBridge participant complete or exclusively support tasks that the contract receives DoD funding?

(i.e., DoD billable rolls)

Yes, the participant will complete or exclusively support tasks for which we receive DoD funding (Note: Selecting this response will result in your application being declined)

No, the participant will not complete or support tasks for which we receive funding from the DoD

### How long is the period of your current DoD contract?

Less than 1 year without option years (Note: Selecting this response will result in your application being declined)
1 Year
2 Years
3 Years
4 Years
5 Years

Other - multiple contracts with various end dates

# Would there be an ethical problem for military members to complete their SkillBridge opportunity and take a job with your company upon separation and completion of this DoD SkillBridge program?

Potential ethical problems may include conflicts of interest, providing the company access to sensitive information, service member involved in procurement decisions that concern the company, etc.

Yes

No

### **Program Information**

The following questions are asked so that your organization's program will appear on the DoD SkillBridge Locations page if approved by DoD. The information collected below will be displayed for prospective Servicemembers and Commanders to reference in making their SkillBridge selection.

### Please indicate the best characterization of your proposed DoD SkillBridge program:

(select all that apply)

- On-the-job training (OTJ)
- Pre-Apprenticeship
- Apprenticeship
- Internship
- **Employment Skills Training**
- See <u>SkillBridge Program Types</u> for a description of program types.

### Are you a Registered Apprenticeship Partner with the Department of Labor?

Yes (If "Yes" insert RAPIDS registration number)

No

### Please describe the objective of the proposed SkillBridge opportunity

(select all that apply)

Improve Service members' skill level and broaden skill range by building on occupational and technical skills acquired during their military service

Refine or enhance soft skills (non-technical) acquired during military service by redirecting transferable skills in the civilian workforce.

Improve upon unrelated military skills to successful performance a civilian occupation identified by the Service member as their post-transition goal for civilian employment

Other:
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# What is the timeframe of the proposed DoD SkillBridge program that will be delivered? *(If you have more than one SkillBridge opportunity provide the longest period of time).*

SkillBridge programs cannot exceed 180 days prior to the Service member's military transition.

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

### Will your program be delivered in one location?

Yes, the program will be delivered in one location

No, the program will be delivered in multiple locations

### What is the delivery method for the proposed DoD SkillBridge program? (Select all that apply)

SkillBridge programs cannot be offered as virtual asynchronous only; the opportunity may be virtual, but must include virtual synchronous training and/or a hybrid with in-person sessions with asynchronous training being less than 50% of the length of the training.

In-person

Online/Virtual asynchronous

Online/Virtual synchronous - i.e. live-person led

Hybrid (A combination of in-person or online/virtual synchronous and online/virtual asynchronous delivery)

### Where will the in-person delivery for the proposed DoD SkillBridge program be located?

(select all that apply)

On-base (i.e., on a military installation) within the Continental U.S. (CONUS) - stateside

On-base (i.e., on a military installation) Outside the Continental U.S. (OCONUS) - overseas

Off-base (i.e., outside of a military installation) within the Continental U.S. (CONUS) - stateside

Off-base (i.e., outside of a military installation) Outside the Continental U.S. (OCONUS) - overseas

N/A - the entire program will be virtual synchronous (i.e., live-person led), or a hybrid of asynchronous and synchronous

# For Law Enforcement Programs only - Is your organization a <u>Federal Law Enforcement Training Accreditation</u> (<u>FLETA</u>) program?

Yes

No

NA; I am not a Law Enforcement Program

If you are an education or training provider, will your organization only be providing training as an education or training provider?

(i.e. CDL, A&P, Cyber, IT)

Yes

No

N/A; I am not an education or training provider

# If you are an education or training provider, does your organization have a network of partners established that will hire the graduates of this program upon completion?

Yes

No

N/A; I am not an education or training provider

### 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 (program must be identified on VA GI Bill Comparison Tool)

Other:

N/A

See GI Bill Benefits for a comparison of benefits.

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

Participating Service members should not incur direct financial costs directly or indirectly related to program administration and delivery (e.g., training fees, training materials, equipment, uniforms, certifications, licensure)

Yes

No

# Is your DoD SkillBridge program designed for any targeted military occupation codes (MOCs)? *If so, please provide the Service and MOC.*

Yes, this SkillBridge program is targeted towards these specific MOCs

No, this SkillBridge Program applies to all MOCs

### Select terms and conditions for your proposed SkillBridge program:

(select all that apply)

Sign non-disclosure agreement (NDA)

Employment obligation contract (i.e., Basic Law Enforcement training)

No terms and condition

Other

#### Identify the prerequisite requirements for your SkillBridge program:

(select all that apply)

Security clearance Degree/education Branch of service Paygrade/rank No prerequisites

Other

### Full Time Position Related to Opportunity

### How many full-time positions are linked to your proposed SkillBridge program:

### Select the relevant Department of Labor O\*NET Industry to your proposed SkillBridge program:

(select all that apply)

Installation, Maintenance and Repair	
Legal	
Life, Physical and Social Science	
Management	
Mathematical	
Military Specific	
Office and Administrative Support	
Personal Care and Service	
Production	
Protective Service	
Sales and Related	
Transportation and Material Moving	
Other:	

### Select job title(s) you have available for your proposed SkillBridge training (e.g., Data Analyst):

(select all that apply)

Accountant	Digital Marketing Specialist	Network Administrator
Aerospace Engineer	E-commerce Manager	Nurse
Architect	Electrical Engineer	Operations Manager
Biomedical Engineer	Financial Advisor	Pharmacist
Brand Manager	Graphic Designer	Physical Therapist
Business Development	Human Resource Manager	Physician
Executive	Human Resource Specialist	Program Manager
Chef	Instructor/Teacher	Project Manager
Civil Engineer	Insurance Agent	Quality Assurance Analyst
Clinical Research Coordinator	Interior Designer	Real Estate Agent
Content Writer	IT Support Technician	Sales Representative
Counselor	Laboratory Technician	Social Media Manager
Customer Service Representative	Lawyer	Social Worker
Cybersecurity Analyst	Logistics Manager	Software Developer
Data Analyst	Marketing Manager	Transportation Manager
Dentist	Mechanical Engineer	Truck Driver
		Web Developer
		Other:

### Estimated yearly starting salary range:

If you have more than one proposed position, provide the average range of the positions

### **MOU** Contact Information

Please provide the contact information for the four organization members listed below.

### **Organizational/Primary POC**

This individual will be the primary contact to access, upload, and modify training plans, programs, and opportunity locations.

First Name: Last Name: Phone Number: Email Address:

Position Title:

### **Public POC**

Information of this individual will be publicly displayed on the DoD SkillBridge website as the entry point for Service members connections with the organization.

First Name:

Last Name:

Phone Number:

Email Address:

Position Title:

#### **MOU Signature Authority**

This cannot be a third-party sponsor's information; it must be a legal/liable signatory of the organization (i.e., CEO, Company President, Owner, Executive Leader.

First Name:

Last Name:

Phone Number:

Email Address:

Position Title:

#### **Compliance POC**

Legal Counsel or Human Resource

First Name:

Last Name:

Phone Number:

Email Address:

Position Title: