



**EMPLOYER'S APPLICATION TO PROVIDE JOB TRAINING  
 (UNDER TITLE 38 U.S. CODE SECTION 3677 OR 3687)**

**INSTRUCTIONS:** All items should be completed. Information requested in Section II applies to the particular trade, craft or occupation for which you propose to provide training to veterans and their eligible dependents. Please read Section III carefully before signing the application. The completed application form may be submitted directly to the VA office serving the area where your establishment is located. To find the VA Education Liaison Representative for your state click on the link [http://www.benefits.va.gov/GIBILL/resources/education\\_resources/school\\_certifying\\_officials/elr.asp](http://www.benefits.va.gov/GIBILL/resources/education_resources/school_certifying_officials/elr.asp).

**SECTION I - EMPLOYER IDENTIFICATION**

1. NAME OF ESTABLISHMENT		2. NAME AND TITLE OF PERSON TO CONTACT <i>(Include email address)</i>		3. TELEPHONE NO. <i>(Include Area Code)</i>	
4. LOCATION OF ESTABLISHMENT <i>(Street No., City, State, Zip Code)</i>				5. MAILING ADDRESS <i>(If different than in Item 4)</i>	

**SECTION II - DESCRIPTION OF TRAINING PROGRAM**

6. JOB TITLE <i>(Position for which training will be provided)</i>		7. JOB DESCRIPTION <i>(Please keep brief)</i>			
8. LENGTH OF PROGRAM <i>(Indicate hours or months)</i>		9. HOURS IN STANDARD WORK WEEK			
10. HOURS OF RELATED TRAINING OUTSIDE OF JOB REQUIRED EACH YEAR <i>(If none, write "None")</i>		11. NUMBER OF FULLY QUALIFIED EMPLOYEES AVAILABLE AS INSTRUCTORS FOR EACH TRAINEE			
12. MAXIMUM NUMBER OF TRAINEES THAT CAN BE TRAINED AT ANY ONE TIME					

**SECTION III - WAGE PROGRESSION SCALE**

13. BEGINNING WAGE FOR TRAINEES			14. PRESENT JOURNEYWORKER WAGE		
15. WAGE PROGRESSION DURING TRAINING					
A. PERIOD	B. NO. OF MONTHS	C. WAGE LEVEL	A. PERIOD	B. NO. OF MONTHS	C. WAGE LEVEL
1ST		\$ PER	6TH		\$ PER
2ND		\$ PER	7TH		\$ PER
3RD		\$ PER	8TH		\$ PER
4TH		\$ PER	9TH		\$ PER
5TH		\$ PER	10TH		\$ PER

**SECTION IV - CONDITIONS TO BE MET**

I UNDERSTAND AND AGREE THAT THE FOLLOWING CONDITIONS MUST BE MET IF THIS TRAINING PROGRAM IS APPROVED FOR VA TRAINING BENEFITS:

- A. Close supervision by qualified journey workers will be provided throughout the training program.
  - B. Records will be maintained for each trainee. At a minimum, the records will include the following: job assignments, promotions, demotions, lay-off terminations, rates of pay, progress in training as outlined in the work processes, hours of training given monthly in each process and overall progress evaluations made at least each 3 months.
  - C. Credit will be given for previous training and experience and the length of the training program will be reduced proportionately. Trainees who are granted credit for previous training and experience will be placed into the appropriate step of the wage progression scale.
  - D. If required for approval of a training program, the trainee will be advanced to the full journey worker wage immediately upon completion of the training program.
  - E. An Enrollment Certification will not be submitted for a veteran or eligible person who is already qualified for the position because of prior training or experience.
  - F. A copy of an approved training agreement will be provided to the trainee and to the Department of Veterans Affairs (VA).
  - G. Immediately notify VA of any wage increase (or decrease) paid any trainee not in accordance with his or her training agreement.
- IN ADDITION, FOR ON-THE-JOB TRAINING OTHER THAN APPRENTICESHIP PROGRAMS, I HEREBY CERTIFY THAT:
- H. The wages paid to trainees under this VA program will not be less than wages paid to trainees who are not eligible for VA benefits. The beginning wage will be at least 50% of the wage for a fully trained employee.
  - I. Unless the training establishment is operated by a Federal, State or local government, periodic wage increases will be granted and by the last full month of training the wage will be at least 85% of the wage for a fully trained employee.
  - J. There is a reasonable certainty that the job for which training is provided will be available to the trainee after training has been completed.

16. SIGNATURE		17. TITLE		18. DATE SIGNED	
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**PRIVACY ACT NOTICE:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. An example of a routine use allows VA to send educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training. Your obligation to respond is required to obtain or retain education benefits. While you do not have to respond, VA cannot determine if your training program can meet the requirements set by law for VA approval unless the information is furnished. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine whether a training program may be approved by the Department of Veterans Affairs (VA), (38 U.S.C. 3677 or 3687). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 90 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.