# TEXAS WORKFORCE COMMISSION

# SKILLS FOR VETERANS INITIATIVE

# Application & Training Request (Revised January 2016)

The [Skills for Veterans Program Overview](http://www.twc.state.tx.us/svcs/funds/skills-veterans-initiative-overview-application-instructions.pdf) provides information on eligibility, program parameters, reporting requirements, and submission of the application. Our Business Outreach and Project Development Team is available to answer any questions you have about the program and/or assist you in completing the application. Please contact us at (877) 463-1777 or e-mail [SkillsforVeterans@twc.state.tx.us](mailto:SkillsforVeterans@twc.state.tx.us).

Please e-mail the fully completed Microsoft Word version (without signatures) and Attachment A spreadsheet to the attention of Cristina Ramos at [SkillsForVeterans@twc.state.tx.us](mailto:SkillsForVeterans@twc.state.tx.us). Please send the original *signed* application by fax to (512) 463-7187 or by mail to the following address:

Texas Workforce Commission

Workforce Business Services

Attention: Cristina Ramos

101 E. 15th Street, Room 424-T

Austin, Texas 78701

If you do not have e-mail, you may either fax the signed application to Cristina Ramos at (512) 463-7187 or mail the original signed application to the address above. It is recommended that applications are submitted at least two weeks prior to and no more than six weeks in advance of requested training. All SVI program funds go directly to the public community or technical college to cover the costs of approved training.

***Please note that incomplete applications cannot be accepted. Any incomplete documents received will be returned with missing information identified for completion and application resubmission.***

1. Table 1: Please provide the information requested. (Important: The address provided must be the physical business location of the participating employees.

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| TABLE 1 – BUSINESS INFORMATION | | | | | | |
| **Legal Name of Business:** |  | | | | | |
| **Contact Name and Title:** |  | | | | | |
| **Contact’s E-mail Address:** |  | | | | | |
| **Contact’s Phone Number:** |  | | | | | |
| **Actual Street Address:** |  | | | | | |
| **City/County/State/**[**9-digit Zip Code**](https://tools.usps.com/go/ZipLookupAction_input)**:** |  | | | | | |
| **Number of Employees Corporate-wide:** |  | | | | | |
| **Medical Insurance Provided?** | |  | YES |  | NO | |
| **Workers’ Compensation or other benefits provided?** | |  | **YES** |  | **NO** | |
| **Experian Business Identification Number (BIN): (***If you do not know your Experian Business Identification Number (BIN), please go to the* [*Experian Web site*](http://www.smartbusinessreports.com/ExperianBIN)*, type in your company name, city and state, and then hit “search.” The next page will show you your BIN number in the upper left corner beneath the company address.)* | | | | | | \* |
| **TWC Account Number:** *(The account under which the business reports employee wages to the* [*TWC Tax Department*](http://www.twc.state.tx.us/ui/tax/unemployment-tax-contacts.html)*.)* | | | | | | \* |
| **4-Digit NAICS Code to identify your industry:** *([For correct code, see: http://www.census.gov/eos/www/naics](http://www.census.gov/eos/www/naics).)* | | | | | |  |

*\*Businesses will be subject to a review process by our Regulatory Integrity Division to ensure business is in good standing and in compliance with  
all TWC reporting requirements and standards.*

1. Table 2: Please indicate the name and address of the public community or technical college you have chosen for your requested training. Include the name of the contact person with whom you have consulted in completing this application (if applicable).

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| **Table 2 – SELECTED COLLEGE INFORMATION** | |
| **Name of** [**College**](http://www.thecb.state.tx.us/apps/GM/)**:** |  |
| **Contact Name and Title (*if applicable*):** |  |
| **Contact e-mail and phone number:** |  |
| **College Address:** |  |
| **City/State/Zip Code:** |  |

1. Please explain how each training course(s) listed in Attachment A will have an immediate, positive impact on the business’ daily operations.

***Response:***

1. Please complete in full Table 3 on Attachment A at the end of this document (Page 3). Rows may be added as needed.

### Business’ Assurances and Attestations:

By signing below, the business submitting this application hereby assures and attests to the following:

1. The business will conform to all applicable federal and state laws, rules, guidelines, regulations, and executive orders and provide equal employment opportunity in all employment and employee relations, without regard to race, color, sex, religion, national origin, age, disability, or political affiliation or belief.
2. The business is liable to pay Unemployment Insurance contributions to TWC and is in compliance with the reporting and payment requirements.
3. The business is in compliance with the Texas Business and Commerce Code, including all reporting and payment requirements.
4. The business will adhere to all reporting requirements as requested by the selected college and TWC, including the reporting of Social Security Numbers.
5. The business will comply with the Fair Labor Standards Act (FLSA), 29 U.S.C. Chapter 8. (If employees are required by the business to attend the identified courses outside of standard work hours, the business must ensure appropriate compensation, in compliance with the FLSA.)
6. The business attests that the hourly wages identified for each occupation in Table 3 of Attachment A are true and correct. (It is a requirement of the program that the hourly wage of each employee for whom training is being requested meets or exceeds the prevailing wage for that occupation in the local labor market. TWC will use local labor market wage data to determine if this requirement is met.)
7. The business assures that the training requested in this application is for full-time, permanent employees.
8. The business assures that the employees to receive training are veterans, newly hired by the business.
9. The business assures that it is a private entity or a private non-profit hospital.
10. The business assures that it has not relocated its worksite from one location in Texas to another in-state location within the last 120 days.
11. The business will ensure that all employees for whom training funds are provided will attend the identified courses during the scheduled class times.
12. The business will notify the college immediately if the employee for whom training is being requested is unable to attend and/or drops out of the approved course(s).
13. The business will pay to the college any course costs not covered by the Skills for Veterans Initiative program.
14. The business will comply with the selected college’s deadlines for enrollment, payment and participation.

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| Authorized Signature |  | Title |
|  |  |  |
| Typed Name |  | Date |

*Please send the original signed Assurances and Attestations by fax to (512) 463-7187 or e-mail to* [*SkillsForVeterans@twc.state.tx.us*](mailto:SkillsForVeterans@twc.state.tx.us)*,  
or by mail to:*

*Texas Workforce Commission*

*Workforce Business Services*

*Attention: Cristina Ramos*

*101 E. 15th Street, Room 424-T*

*Austin, Texas 78701*

**ATTACHMENT A -- TABLE 3: OCCUPATIONS FOR TRAINING AND COURSE INFORMATION**

## Attachment A: *Total number of unduplicated training participants (Hired by applying company within 12 months prior to TWC’s receipt of the application requesting training; eligible for up to $1,800 worth of tuition and fees in a 12-month period.)*

## New:

The first two lines in the table below are an example how to complete this section. Please ensure to include the total course costs for the last three columns.

| **Job Title** | **Hire Date** | **SOC Code** | **Hourly Wage** | **Course Title/Section** | **Course Begin Date** | **Course End Date** | **Total Course Cost *(Tuition & Fees Only)*** | **Amount to be Paid by SVI Program** | **Amount to be Paid by Business *(if applicable)*** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Human Resources Specialist** | **01/08/2016** | **13-1071** | **$17.00** | **SHRM Certification Course** | **02-04-16** | **06-24-16** | **$1,900** | **$1,800** | **$100** |

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| **Architectural Drafter** | **12/27/2018** | **17-3011** | **$21.00** | **Introduction to Revit** | **03-02-16** | **05-06-16** | **$1,500** | **$1,500** | **$0** |

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| **TOTAL COS****T:** | | | | | | | **$** | **$** | **$** |