# TEXAS WORKFORCE COMMISSION

# SKILLS FOR VETERANS INITIATIVE

# Application & Training Request (Revised December 2014)

The [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. You are now ready to complete the application for submission to TWC. As always, 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).

After you have completed your application, please e-mail the Microsoft Word version (without signatures) to the attention of Cristina Ramos at [SkillsForVeterans@twc.state.tx.us](mailto:SkillsForVeterans@twc.state.tx.us). You must also send us the original *signed* application by fax to (512) 463-7187 or by mail to the following address:

Cristina Ramos

Texas Workforce Commission

101 E. 15th Street, Room 424T

Austin, Texas 78701

If you do not have email capabilities, you may either fax the signed application to Cristina Ramos at (512) 463-7187 or mail the original signed application to the address above.

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TABLE 1 – BUSINESS INFORMATION | | | | | | |
| **Legal Name of Business:** |  | | | | | |
| **Contact Name and Title:** |  | | | | | |
| **Contact’s E-mail Address:** |  | | | | | |
| **Contact’s Phone Number:** |  | | | | | |
| **Physical 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):**](http://www.smartbusinessreports.com/ExperianBIN/)  **(***Detailed information in* [*Application Overview & Instructions*](http://www.twc.state.tx.us/svcs/funds/skills-veterans-initiative-overview-application-instructions.pdf)*.)* | | | | | | \* |
| **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).

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

1. On Table 3 (see Attachment A of this application), please provide the information listed below. You may add rows as needed. *(Important Note: Please refer to the* [*Application Overview and Instructions*](http://www.twc.state.tx.us/svcs/funds/skills-veterans-initiative-overview-application-instructions.pdf) *for more detailed information on completing this section.)*
   1. The job title of each individual for whom training is requested;
   2. The hire date of each individual for whom training is requested;
   3. The Standard Occupational Classification (SOC) Code for each job title listed, and the actual hourly wage of the employee in the occupation for which you are requesting training. Please *do not provide average wages or wage ranges.*

*You may access* [*SOC Code information and brief definitions at http://stats.bls.gov/soc/major\_groups.htm*](http://stats.bls.gov/soc/major_groups.htm)*. (More detailed information on determining correct SOC Codes can be found in the* [*Occupational Outlook Handbook*](http://stats.bls.gov/soc/major_groups.htm)*.) The SOC Code must be the “Detailed Occupation – Level 4 classification” and contain six digits (XX-XXXX). (If you need assistance in determining the correct SOC Code, please contact TWC’s Business Outreach and Project Development team at (877) 463-1777 or e-mail* [*SkillsForVeterans@twc.state.tx.us.*](mailto:SkillsForVeterans@twc.state.tx.us)*)*

* 1. The actual hourly wage of the employee in the occupation for which you are requesting training. *Do not provide average wages or wage ranges.*
  2. The course title and section, as shown on the active, current Schedule of Classes or other college publication.
  3. Thecourse period, including the date the course begins and the date the course ends.
  4. The total cost of the course (tuition and fees only).
  5. The amount of the course cost to be paid by the SVI program.
  6. The amount of the course cost to be paid by the business.

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 identify which, if any, of the occupations for which training is being requested align with the occupations targeted for training by the Local Workforce Development Board (LWDB) in the area where the business is located (please see the [Texas Workforce Commission Web site at http://www.twc.state.tx.us/svcs/funds/ssb.html](file:///C:\Users\heathst1\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\GZ3YKOV2\Texas%20Workforce%20Commission%20Web%20site%20at%20http:\www.twc.state.tx.us\svcs\funds\ssb.html) for links to LWDB Targeted Occupations Lists).

*Response:*

1. Please address the following:
2. Has the business applied for or does it intend to apply for a Texas Enterprise Fund grant? (Please place an “X” by the appropriate response.

|  |  |
| --- | --- |
| YES | NO |

1. Has the business received a Texas Enterprise Fund grant? (Please place an “X” by the appropriate response.

|  |  |
| --- | --- |
| YES | NO |

### 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.

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

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

***The first two lines in Table 3 below are an example of 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)*** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Office Manager** | **05/15/2014** | **43-1011** | **$17.00** | **Accounting I** | **02-04-15** | **06-24-15** | **$750** | **$750** | **$0** |
| **Architectural Drafter** | **10/27/2014** | **17-3011** | **$21.00** | **Introduction to Revit** | **03-02-11** | **05-06-15** | **$1,500** | **$1,450** | **$50** |

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

***\* The SVI Program will pay up to $1,450 per new employee for a 12-month period.***