

## DoD SKILLBRIDGE PROGRAM APPLICATION PACKET

Thank you for your interest in the DoD SkillBridge Program implemented by DoDI 1322.29 and MARADMIN 280/24 SkillBridge offers training, apprenticeship, and internship programs to learn high-demand and industry-specific skills to prepare participants for securing employment before exiting the military.

- References:
- DoDI 1322.29
  - MARADMIN 280/24

### Eligibility Overview:

DoD SkillBridge Programs are available to transitioning military service members IAW MARADMIN 280/24.

The following three-category system prescribes the maximum number of days Marines may participate:

#### •REQUIRES GENERAL OFFICER

Categories	Rank	
Category I	E-1 - E-5 (Principal Audience for Skillbridge)	Up to 120 <u>days</u>
Category II	<u>E-6 - E7, W0 - CWO3, and 01 - 04</u>	<u>Up to 90 days</u>
Category III	E-8 - E9, CWO4 - CWO5, 05 and above*	Up to 90 days

### The Application Process Step-by-Step Guide

1. Obtain command support to participate in an available SkillBridge opportunity.
2. Attend the Mandatory Skillbridge Orientation (Every Monday - call (252) 466-3500 to schedule appointment).
3. Talk to IPAC Outbound about the check-out and separation process in the context of SkillBridge.
4. Research and identify a SkillBridge opportunity <https://skillbridge.osd.mil/>.
5. Contact the company or organization POC to inquire about the potential interest
  - a. Securing a seat with the company or organization to determine if the opportunity aligns with your career goals
  - b. Ask about the requirements, action items, due dates, and selection process for the program.
  - c. If you meet the requirements and are interested in applying, proceed to step 6.
  - d. For opportunities not on the approved list, the company or organization will need to obtain a DoD Memorandum of Understanding through: <https://skillbridge.osd.mil/industry-employers.htm>.
6. Complete Skillbridge Application and route through appropriate Chain of Command:
  - a. Completed and signed NAVMC 1320\_1
  - b. Completed and signed NAVMC 1320\_2
  - c. Provider's Acceptance Letter
  - d. DD2648 (Complete EFORM)
  - e. CO/ CG's Endorsement Letter
  - f. Completed Ethics Brief MarineNet Course: MFRSBMAR01
7. Apply to the SkillBridge by login onto: <https://myeducation.netc.navy.mil>
  - a. Click on Skillbridge ICON
  - b. Create New Application
  - c. Update Profile Information
  - d. Add Approver Information (requires approver authority's email address)
  - e. Click Magnifying Glass to select Skillbridge Organization/Provider
  - f. Click Magnifying Glass to Select Program Location
  - g. Input Program Start/End Dates and Location (On or Off Base)
  - h. Save and Submit Application
  - i. Skillbridge Representative will forward application to commander for final approval. You will receive a congratulatory email from email: [sfly\\_ncmis\\_mgmt\\_ofc@navy.mil](mailto:sfly_ncmis_mgmt_ofc@navy.mil). Log in to <https://myeducation.netc.navy.mil> to print approval voucher.
8. For more information, please call 252-466-3500 or visit the Education Office in the Jerry Marvel Training and Education Building 4335 C Street Room 109.

## USMC SKILLBRIDGE PACKET CHECKLIST

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C., Chapter 58, Benefits and services for members being separated or recently separated; 10 U.S.C. 5041, Headquarters, Marine Corps; and E.O. 9397 (SSN), as amended; and SORN [MO1754-4](#).

**PRINCIPAL PURPOSE:** The primary purpose of this form is to support participation in the Marine Corps SkillBridge Program supported by the Department of Defense (DoD) SkillBridge (JTEST-AI) Voluntary Employment Training Program. Information will be used to determine eligibility and enrollment.

**ROUTINE USES:** Information will be accessed by Marine Corps SkillBridge personnel with a need to know in order to meet the purpose. Information may be disclosed to individuals or organizations authorized to provide services to the participant. A complete list and explanation of the applicable routine uses is published in the authorizing SORN available at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570629/m01754-4/>.

**DISCLOSURE:** Providing information is voluntary; however, failure to provide the information will result in an inability to participate in the SkillBridge Program.

**RECORDS MANAGEMENT:** This form shall be managed in accordance with record schedule 1000-34, "General Correspondence (Military Personnel)" of SECNAV M-5210.1. **TEMPORARY:** Cutoff at CY. Destroy when 3 years old.

### GENERAL INFORMATION

DoDI 1322.29 established the DoD SkillBridge Program, which provides transitioning Service members with the opportunity to develop job training and employment skills, including pre-apprenticeships, apprenticeships, and internships. SkillBridge is designed to facilitate the transition of eligible Service members into civilian sector occupations and careers with reasonable expectation and high probability of post-service employment and comparable living wage. SkillBridge is not to be used to further civilian education or for experiential purposes. Securing meaningful employment is the expectation. All participation request are to be forwarded to, reviewed and authorized by the first field grade commander, O-4 or above, in the Service member's Chain of Command with UCMJ authority; Battalion/Squadron Commander. For those under civilian leadership, a GS-13 or above. This convening authority cannot be delegated. Commanders are responsible for establishing and maintaining Service member accountability procedures for the duration of training.

### SERVICE MEMBER INFORMATION

Rank:	Name (Last, First, MI):		
Current Unit (Company/ Battalion):		Separation/ Retirement Date:	
Government Email:		Civilian Email:	
Name of SkillBridge Provider / Training Dates:			DoD Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
SkillBridge Location:			
Residential Address During Training:			
The Package Includes the following information in this order (all documents must be included in one attachment - separate documents will be returned):			
<input type="checkbox"/> 1) Administrative Action (AA) Form via Installation SkillBridge Office (if requesting an exception to policy from HQMC)			
<input type="checkbox"/> 2) DoD SkillBridge Participant Screening			
<input type="checkbox"/> 3) TRS 5-day Transition Readiness Seminar (TRS).      Date Completed:			
<input type="checkbox"/> 4) Individual Program Vetting Document (If not DoD Approved)			
<input type="checkbox"/> 5) SkillBridge Provider Acceptance Letter (for everyone)			
<input type="checkbox"/> 6) Commander's Participation Letter (authorization)			
<input type="checkbox"/> 7) Other:			
SkillBridge Application Reviewed by First Sergeant/SNCOIC			
Name:		Signature:	
Rank:	Phone:	Email:	
SkillBridge Application Reviewed by Company Commander/OIC			
Name:		Signature:	
Rank:	Phone:	Email:	
Application Reviewed and Verified by Installation SkillBridge Representative			
Name:		Signature:	
Position:	Phone:	Email:	

**USMC SKILLBRIDGE PARTICIPANT SCREENING****PRIVACY ACT STATEMENT**

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

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**APPLICANT INFORMATION**

NAME (Last, First, MI.):		GRADE:	RANK:	BRANCH:
DEPARTMENT OF DEFENSE (DoD) IDENTIFICATION NUMBER:			MILITARY OCCUPATIONAL SPECIALTY:	
PHONE #:	EMAIL (Personal):		INSTALLATION:	
MAJOR SUBORDINATE COMMAND:		UNIT (Company and Battalion):		
PREREQUISITES	YES	NO	REMARKS	
1. Expected to be released from AD within 180 days of starting the course with an Honorable Discharge, including General Discharge Under Honorable Conditions. Date:	<input type="checkbox"/>	<input type="checkbox"/>		
2. Completed Transition Readiness Seminar or its equivalent if non-Marine Corps participant.	<input type="checkbox"/>	<input type="checkbox"/>		
3. Has sufficient time remaining under contract to complete the course prior to established separation date. Extensions to existing Expiration of Active Service (EAS) are not authorized. EAS Date:	<input type="checkbox"/>	<input type="checkbox"/>		
4. Has attended or completed a Marine Corps or DoD approved workplace ethics brief or training within the last 12 months or its equivalent if non-Marine Corps participant. Date Completed:	<input type="checkbox"/>	<input type="checkbox"/>		

**NAVMC 1320/2 (1-22) (EF)****CUI (when filled in)**

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Previous versions are obsolete

Controlled by: USMC  
CUI Category: PRVCY  
LDC: DL ONLY  
POC: MFPrivacy@usmc.mil

AEM Form Designer 6.5

## STATEMENT OF UNDERSTANDING OR RESPONSIBILITIES AND AUTHORIZATION

Please read AND acknowledge the below statements indicating your full understanding of the policies and procedures.

1. I have inquired directly to the course point of contact and secured current course information as well as the additional requirements to apply. I acknowledge that I fully understand the prerequisites, funding, and selection process to apply for this course.

2. I understand that any omission or inaccurate statement provided in this form shall be grounds for course rejection or withdrawal.

3. I am fully aware that there are limited seats in the course, and acceptance into the course may be competitive. If I am selected to participate, my command will be notified via the SkillBridge provider's acceptance letter.

4. I fully understand the financial requirements to participate in this course, and I voluntarily assume any additional costs that may occur including travel, meals, parking, books, equipment, uniform, testing, and/or housing costs associated with course participation, and attest that this will not cause any financial hardship for me or my family.

5. I ensure that I shall return any items utilized throughout the course in good working order.

6. If the course utilizes my GI Bill, I verify that I have met with an Advisor to ensure that I fully understand the utilization of my education benefits.

7. I understand that I must maintain satisfactory attendance, progress, and safety regulations throughout my enrollment, as per course guidelines, and uphold all military and accountability requirements. I understand that the classroom will be my appointed place of duty, and failure to attend class may result in a charge of Unauthorized Absence.

8. I agree to adhere to military travel policy and any unauthorized travel will be grounds for dismissal. Course approved travel for interviews or to fulfill course duties may be required.

9. I understand that I am responsible for sponsoring base access for any guest attending the course graduation.

10. If required, I acknowledge I will have base access after EAS in order to complete SkillBridge.

11. I acknowledge that I have adequate housing, transportation and financial resources for the duration of my SkillBridge participation.

12. I acknowledge I am able and intend to start working upon leaving Active Duty Service per DoDI 1322.29.

13. I understand and allow the Course Provider and SkillBridge Program Office to contact me after my transition to gain information on my employment status for course evaluation and continuance. I authorize the use of both the application and employment information for program statistical purposes.

14. 5-Day Transition Readiness Seminar was completed on \_\_\_\_\_

## PARTICIPANT ACKNOWLEDGEMENT

I understand that the SkillBridge location is my appointed place of duty. If I am removed or withdraw from the program, I must immediately contact my Commander and installation SkillBridge Representative. I am to report immediately back to my duty station.

PARTICIPANT (Print rank, Name):

SIGNATURE:

PHONE #:

DATE:

INSTALLATION SKILLBRIDGE REPRESENTATIVE (Print rank, Name):

SIGNATURE:

PHONE #:

DATE:

## COMMAND LETTERHEAD

### EXAMPLE OF A REQUIRED SKILLBRIDGE AUTHORIZATION LETTER

SSIC  
CODE  
Date

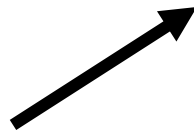
From: Commanding Officer, Command  
To: Marine Corps Air Station Cherry Point PPDP Education SkillBridge Coordinator Subj:  
REQUEST FOR NAME OF SKILLBRIDGE PROGRAM/TRAINING VOLUNTARY  
EMPLOYMENT SKILLS TRAINING PROGRAM CASE OF RANK, FULL NAME, USMC,  
DOD ID NUMBER, MOS

Encl: (1) NAVMC 1320/1: USMC SkillBridge Packet Checklist  
(2) NAVMC 1320/2: USMC SkillBridge Participant Screening  
(3) NAVMC 1320/3: USMC SkillBridge Individual Program Request (if applicable)  
(4) SkillBridge Program Provider Acceptance Letter

1. (Rank, Full name) is authorized to complete the (Name of Training Program) SkillBridge program in (location). Marine will be attached to (current unit or command name) for the duration of selected program.
2. Contingent upon approval, command will support (Rank, Full name) in completing the (selected program) during (dates of class.) Lodging has been secured at (location).
3. Upon completion of the program, the Marine will complete the check-out process at (location).
4. I have verified (rank & last name) has satisfied all requirements for the SkillBridge opportunity as per enclosures (1), (2), and (3) and has gained acceptance to the opportunity per enclosure (4).
5. Point of contact at this command is (rank, name, phone number, and email; The POC must be Staff NCO or higher and may not be the Marine applying)

AUTHORIZED SIGNATURE

Note: Per MARADMIN 350/18  
The first Commanding Officer  
(CO) with court martial  
convening authority maintains  
final approval.



*Company Letterhead*

**Date:**

**To:** Marine

**Offer/Acceptance:**

The (company/organization name) would like to offer (Marine's name) a (*chose one*: internship, preapprenticeship/ apprenticeship, employment skills training or on-the-job training) opportunity.

**Organization Overview:**

Provide a brief summary of the current state of the company/organization and years of operations, including start date, business structure, services, number of employees, location and territory of coverage.

**Training Details:**

- Start date:
- End date:
- Working hours: example: M-F, 8:00 am to 5:00 pm
- Location: (physical location address)
- Define any out-of-pocket costs associated to the Marine
- The point of contact for this company is (contact name, title, company, address, phone, email and role of who will be overseeing and responsible for the day-to-day activities of the Marine)

**Required Statements:**

- The (company/organization) has reviewed DoDI 1322.29 and MARADMIN 350/18.
- This training opportunity is unpaid and the participating Marine will not receive wages, training stipends, or any other form of financial compensation for the time that the Marine spends participating in training opportunity.
- The (company/organization) understands that the Marine Corps may terminate the Marine's participation in the training opportunity based on mission requirements. Upon notification that their participation is terminated, a participating Marine must immediately withdraw from the program and report to their unit of assignment.

**Training Overview:**

Clearly describe the proposed activities of the training opportunity, and the tangible benefits and value to the Marine. List subject areas and training topics that will provide the knowledge, skills and abilities that gives the participant a greater than normal chance of employment in the desired occupational field. (List any certifications gained.)

**Training Outcome:**

State the employment probability at the end of the training opportunity. (Guaranteed interview, job placement, earned credentials, etc.)

Signed by Human Resource Manager/President  
Name  
Title