



### **The Training Benefits program**

If you are approved for the program it will:

- Help you train for a high-demand career if you can't get a job with your current skills.
- Pay additional weeks of unemployment benefits. You must pay for your own books, tuition, and school-related fees.
- Waive your job-search requirements.

Fill out the attached forms to apply for the Training Benefits program. If you have already been approved and you need to change your training plan, do not use this form. Instead, fill out a Request to Modify Training Plan form, which you can get at your local WorkSource Employment Center or from our web site at [esd.wa.gov](http://esd.wa.gov), enter "training benefits" in the search box.

### **Eligibility**

You may qualify for training benefits if you:

- Need job-related training if your occupation is considered in decline by the Workforce Development Council in your area; and
- You are otherwise eligible for unemployment benefits (or have exhausted your benefits).
- Are currently in the Washington National Guard;
- Were honorably discharged from the Washington National Guard or military in the last year;
- Are disabled and unable to return to work in your occupation;
- Are a low-income worker; or
- Are a dislocated worker as defined below:
  - If your unemployment claim started before July 2012, you were fired (but not for misconduct) or laid off and your skills are no longer in demand.
  - If your unemployment claim started July 1, 2012 or later and you were:
    - Laid off because your employer permanently reduced operations; or
    - Laid off or voluntarily quit for a good reason, and there are not many jobs in your type of work.

### **Training requirements**

Your approved training must be:

- Preparation for a high-demand occupation according to the Workforce Development Council in your area.
- In a program and school that is on the eligible training provider (ETP) list at [careerbridge.wa.gov](http://careerbridge.wa.gov) or on the Workforce Investment Act approved ETP list in another state.
- Full time, unless you are a dislocated worker or have a disability (you may qualify for part-time training).
- Focused on vocational training. (Generally, a training program does not include an academic course of education primarily intended to meet a bachelors or higher degree.)

Once approved, you must make satisfactory progress in your training program to stay eligible for training benefits.

### **Application deadlines**

- If you are a dislocated worker, you must apply for and enroll in training prior to the end of your benefit year (the 52-week period during which you can receive unemployment benefits).
- Otherwise, you must apply within 90 days and enroll within 120 days.

We will deny training benefits if you do not meet these deadlines unless you show good cause.



## Submitting your Training Benefits Application

To submit your application:

- Fax it to 800-301-1796. You may fax from a WorkSource employment center (find the one closest at [WorkSourceWA.com](http://WorkSourceWA.com));
- or
- Mail it to:      Employment Security Department  
                         Training Benefits Unit  
                         PO Box 19019  
                         Olympia, WA 98507-0019

## After you submit your application

While you are waiting to hear from us on whether you are approved, you *must* continue to look for a job and keep a job-search log.

If we decide you aren't eligible for training benefits, we'll use information from your Training Benefits Application to see if you qualify for the Commissioner-Approved Training Program. It is similar to training benefits but *does not* provide additional weeks of unemployment benefits. However, it waives your job search requirements.

If we deny you for both the Training Benefits and Commissioner-Approved Training programs, your job search requirement *won't* be waived and you *must* look for work to be eligible for regular unemployment benefits. You must be available to work customary hours in your occupation while collecting unemployment benefits. We will use information from your Training Benefits Application to see if your school schedule conflicts with working hours that are customary for your occupation and to decide if you are willing to be able, available, and actively seeking work and accept suitable work as required. If there is a conflict, we'll deny you regular unemployment benefits.

You *may* receive multiple decisions from us addressing the Training Benefits and Commissioner-Approved Training Programs and your availability for work.

## If you need help

To get help or if you have questions about the Training Benefits program:

- Visit [esd.wa.gov](http://esd.wa.gov) and enter "training benefits" in the search box.
- Watch a video on the program. Go to <https://esd.wa.gov/newsroom/video-library>.
- Call 877-600-7701 or email [seacat@esd.wa.gov](mailto:seacat@esd.wa.gov) and get help from the Training Benefits Unit.

You will need to use these resources to help you find Standard Occupation Classification (SOC) codes required to complete the application:

- Bureau of Labor Statistics: [bls.gov/soc/2010/soc\\_alpha.htm](http://bls.gov/soc/2010/soc_alpha.htm)
- O\*NET: [onetonline.org](http://onetonline.org)
- O\*NET AutoCoder: [onetsocautocoder.com/plus/onetmatch](http://onetsocautocoder.com/plus/onetmatch)



Name:	SSN or claimant ID number:
Mailing address, including city, state, and zip code	
Phone number (home, cell):	Email address (optional):

**Section 1 – Your information**

1. Have you received training benefits in the last five years?  Yes  No
2. Were you **honorably** discharged from the military or Washington National Guard in the last year?  Yes  No
3. Are you currently in the Washington National Guard?  Yes  No
4. Do you have a disability, illness or injury that prevents you from working in your main occupation?  Yes  No

If yes, please explain and include support documentation: \_\_\_\_\_  
\_\_\_\_\_

5. In the past two years, in what occupation did you earn the most money? \_\_\_\_\_
6. What is your **standard occupational classification code** (SOC), or best match? (see [bls.gov/soc/2010/soc\\_alpha.htm](http://bls.gov/soc/2010/soc_alpha.htm), [onetsocautocoder.com/plus/onetmatch](http://onetsocautocoder.com/plus/onetmatch) or [onetonline.org](http://onetonline.org))  
\_\_\_\_\_

Is your occupation in **decline** according to the local Workforce Development Council (<https://esd.wa.gov/labormarketinfo/learn-about-an-occupation#/search>)?  Yes  No

If you do not live in Washington state, go to [careeronestop.org](http://careeronestop.org) for information about your local labor market. Attach a copy of the webpage listing your main occupation and provide written information showing why you need training to be employable.

7. Are you willing to commute for your current occupation?  Yes  No
  - a. If yes, attach a copy of the webpage showing whether your current occupation is in demand or decline in the area(s) you are willing to commute to.  
Where are you willing to commute? \_\_\_\_\_
  - b. If not, please explain why you aren't willing to commute for your current occupation.  
\_\_\_\_\_  
\_\_\_\_\_

8. Are you willing to move for your current occupation?  Yes  No
  - a. If yes, attach a copy of the webpage showing whether your current occupation is in demand or decline in the area(s) you are willing to move to.  
Where are you willing to move? \_\_\_\_\_
  - b. If not, please explain why you aren't willing to move for your current occupation.  
\_\_\_\_\_  
\_\_\_\_\_



9. What is your highest level of education? \_\_\_\_\_

Name:

SSN or claimant ID number:

10. Do you have a degree or certificate?  Yes  No

If yes, please provide the following information:

Name of school: \_\_\_\_\_

Name of training program or major: \_\_\_\_\_

Type of degree or certificate earned: \_\_\_\_\_

Date degree or certificate was earned: \_\_\_\_\_

11. Did you receive a Worker Adjustment and Retraining Notice (WARN)?  Yes  No

If yes:

Name of employer that issued the WARN: \_\_\_\_\_

Date notice was issued: \_\_\_\_\_

**Section 2 – Training program information**

1. Is the school and training program you wish to attend on the eligible training provider (ETP) list at [careerbridge.wa.gov](http://careerbridge.wa.gov)?  Yes  No

2. If you are out of state, your school and program must be on the WIA approved ETP list found at [servicelocator.org/program\\_search.asp?prgcat=1&officeType\\_1=0](http://servicelocator.org/program_search.asp?prgcat=1&officeType_1=0)? (Attach a copy of the webpage.)  
What is the name of the training program that you wish to attend, exactly as shown on the ETP list at [careerbridge.wa.gov](http://careerbridge.wa.gov)? \_\_\_\_\_

List the school name and city where the campus is located: \_\_\_\_\_

3. When will your training start? (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ When will it end? \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Does the school consider your training to be full time?  Yes  No

5. This training will lead to a (check all that apply):

- Certificate  Two-year degree  Two-year transfer degree
- Four-year degree  Higher than four-year degree  Other \_\_\_\_\_

6. Job(s) you will qualify for when you finish training:

Job title and SOC code: \_\_\_\_\_ Monthly pay range: \$ \_\_\_\_\_

Job title and SOC code: \_\_\_\_\_ Monthly pay range: \$ \_\_\_\_\_

7. Did you check the Workforce Development Council website where you live now to make sure the job you listed in question #7 is in **demand**?

(<https://esd.wa.gov/labormarketinfo/learn-about-an-occupation#/search>)  Yes  No

Attach a copy of the webpage. If you do not live in Washington state, provide labor market information for where you live. ([careeronestop.org](http://careeronestop.org))

If **not in demand**, attach a copy of the webpage and written information showing your training will lead to a high-demand job.



Name:

SSN or claimant ID number:

8. Are you willing to commute for the occupation for which you will train?  Yes  No

a. If yes, where are you willing to commute? \_\_\_\_\_

Attach a copy of the webpage showing whether the new occupation is in demand or decline in the area(s) you are willing to commute to.

If you answered earlier that you are not willing to commute for your current occupation (#8 in section 1), why are you willing to commute for a new occupation?

\_\_\_\_\_  
\_\_\_\_\_

b. If no, please explain why you aren't willing to commute for your new occupation.

\_\_\_\_\_  
\_\_\_\_\_

9. Are you willing to move for the occupation for which you will train?  Yes  No

a. If yes, where are you willing to move? \_\_\_\_\_

Attach a copy of the webpage showing whether the new occupation is in demand or decline in the area(s) you are willing to move to.

If you answered earlier that you are not willing to move for your current occupation (#9 in section 1), why are you willing to move for a new occupation?

\_\_\_\_\_  
\_\_\_\_\_

b. If no, please explain why you aren't willing to move for your new occupation.

\_\_\_\_\_  
\_\_\_\_\_

10. Did you apply for a special grant or program, such as the Workforce Investment Act (WIA) Dislocated Worker Program, Trade Act (TRA) or Worker Retraining?  Yes  No

a. If yes, provide the following information:

Name of grant/program: \_\_\_\_\_

Counselor/advisor name: \_\_\_\_\_  
\_\_\_\_\_

City of counselor/advisor location: \_\_\_\_\_

Counselor/advisor phone number: \_\_\_\_\_

Counselor/Advisor email address: \_\_\_\_\_

b. Have you been approved for the special grant or program?  Yes  No

11. If this application is turned in past the deadline, explain why it is late.

\_\_\_\_\_  
\_\_\_\_\_



Name:

SSN or claimant ID number:

**Financial planning**

12. Most people run out of unemployment benefits and training benefits before they finish their training program. Where will you get the money to pay for all of your:

a. Training? \_\_\_\_\_

\_\_\_\_\_

b. Living expenses? \_\_\_\_\_

\_\_\_\_\_

**Section 3 – Work history**

Record your work history for the **past two years**, starting with your **last** employer. In the job description, include all skills, tools and equipment you used in detail. If you held different positions for the same employer, specify the job title, duties and dates of employment for each position. We may use this information to update or correct your main occupation on your unemployment claim. Attach additional pages if you need more space.

<b>Last employer:</b>	Job title:		
Mailing address (street address or PO box #)	City:	State:	Zip:
Dates worked in this position: From (mm/dd/yy) _____ To (mm/dd/yy) _____	Job location:		
Description of job duties and responsibilities:			
Reason you are no longer working for this employer (check one): <input type="checkbox"/> Voluntarily quit <input type="checkbox"/> Strike/lockout <input type="checkbox"/> Laid off/lack of work <input type="checkbox"/> Fired <input type="checkbox"/> Still employed <input type="checkbox"/> Leave of absence	What were your wages per month? \$ _____ per hour/month		

<b>Next employer:</b>	Job title:		
Mailing address (street address or PO box #):	City:	State:	Zip:
Dates worked in this position: From (mm/dd/yy) _____ To (mm/dd/yy) _____	Job location:		
Description of job duties and responsibilities:			
Reason you are no longer working for this employer (check one): <input type="checkbox"/> Voluntarily quit <input type="checkbox"/> Strike/lockout <input type="checkbox"/> Laid off/lack of work <input type="checkbox"/> Fired <input type="checkbox"/> Still employed <input type="checkbox"/> Leave of absence	What were your wages per month? \$ _____ per hour/month		

<b>Next employer:</b>	Job title:		
Mailing address (street address or PO box #):	City:	State:	Zip:
Dates worked in this position: From (mm/dd/yy) _____ To (mm/dd/yy) _____	Job location:		
Description of job duties and responsibilities:			
Reason you are no longer working for this employer (check one): <input type="checkbox"/> Voluntarily quit <input type="checkbox"/> Strike/lockout <input type="checkbox"/> Laid off/lack of work <input type="checkbox"/> Fired <input type="checkbox"/> Still employed <input type="checkbox"/> Leave of absence	What were your wages per month? \$ _____ per hour/month		



Name:

SSN or claimant ID number:

**Section 4 – Availability for work**

If we do not approve you for the Training Benefits or Commissioner-Approved Training Program, you may still be eligible for regular unemployment benefits. While you are in school, you must be:

- Able to work.
- Available and actively looking for work, unless we tell you otherwise.
- Available to work all hours, days and shifts required for your usual occupation. Attending school may make you unavailable for work and ineligible for unemployment benefits.

**Job-Search Requirements**

You must attach a copy of your job-search log(s) for all weeks you have claimed benefits so far showing you looked for work. Visit [esd.wa.gov](http://esd.wa.gov) and enter "job search log" in the search box for a blank job-search log.

To meet our job-search requirements, you must:

- Make employer contacts; or
- Participate in job-search activities in person at WorkSource.

Make sure you do at least three total job-search activities each week. For example, make one employer contact and two in-person job search activities.

Approved in-person job-search activities are free services provided through a WorkSource employment center or American Job Center (in another state) to assist you with your job-search efforts. Learning about job-search strategies, résumés, and interview techniques are examples of in-person job-search activities.

**School plans**

1. What are your job search and employment plans if you are **not** approved for training benefits or commissioner-approved training? \_\_\_\_\_
2. Are you currently:
  - a. Attending training?  Yes  No
  - b. Registered for training?  Yes  No
3. How many credits are you or will you be taking? \_\_\_\_\_  
Attach a copy of your current registration.
4. How much have you spent on tuition, books, fees and expenses for this training? \_\_\_\_\_
5. What is your class schedule this quarter or term?

Class name	Course number	Credit hours	Class time	Class days

6. How do you attend? (Check all that apply)  Online  In-person  Correspondence  
 Other please explain: \_\_\_\_\_
7. How many hours do you or will you spend studying, in class or preparing for class each day? \_\_\_\_\_



Name:

SSN or claimant ID number:

**Availability**

1. Have you been and are you now looking for full-time work?  Yes  No

a. If no, when did you stop looking for full-time work? \_\_\_\_\_

2. Have you limited your job search in any way, such as the hours you are available to work, only working until training starts, or the type of work you're willing to do?  Yes  No

If yes, please explain: \_\_\_\_\_

3. What shifts are you available to work? (check all that apply)  Days  Swing  Graveyard

4. How many hours per day and days per week can you work? \_\_\_\_\_ hours per day: \_\_\_\_\_ days per week

5. What days can you work each week? (check all that apply)  Su  Mo  Tu  We  Th  Fr  Sa

6. Are your classes available other hours?  Yes  No

7. If we do not allow training benefits or commissioner-approved training and you are offered full-time work that conflicts with your class schedule, will you drop classes to accept the job?  Yes  No

a. If yes, will you still drop out of training if the school will not give you a refund?  Yes  No

b. If no, please explain: \_\_\_\_\_

8. If we do not give you a job-search waiver, what would you do if you were offered full-time work that requires you to work at the same time that you normally go to your classes?

9. Will you have to return money you received to pay for school if you drop any of your classes, (such as grants, worker retraining funds, or other funding sources, etc.)?  Yes  No

10. In the past, have you worked full time while attending school?  Yes  No

If yes, how were you able to manage it?

11. What will you tell employers about your availability for work when you apply for or are offered a job?





Name:

SSN or claimant ID number:

**Section 5 – Rights and certification**

**Your rights**

You have the right to an interview by phone or in person before we make a decision on whether you are eligible for benefits. If you want an interview, contact the Training Benefits Unit at 877-600-7701. You may have any person, including an attorney, assist you at the interview. You may present evidence, documents or witnesses; cross-examine witnesses or parties present; and ask for copies of all related records or documents.

**Applicant certification**

*I have read and understand my rights. I made this statement(s) to get training benefits, commissioner-approved training or regular unemployment benefits. The information I provided is true to the best of my knowledge.*

*I understand that the facts I give on my application may be verified, and I must immediately report any changes in my training plan to the Training Benefit Unit at 877-600-7701. If I am approved for benefits, I understand that if I later change my training program without prior approval from the Employment Security Department, **I may be denied benefits and have to pay back any benefits I was not entitled to receive.***

*I authorize my school counselor or advisor to give the Employment Security Department information about my enrollment, attendance, grades and training-program progress.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Before you submit your application, make sure to include these items:**

- Support documentation verifying disabilities (if applicable).
  - Workforce Development Council printouts of your main occupation and training occupation.
  - Career Bridge printouts showing your school and program are on the Eligible Training Provider list.
  - Job-search logs.
  - Current school registration.
-



Name:

SSN or claimant ID number:

**Take this completed application packet to your school advisor or representative to complete this section.**

**Training provider certification**

- 1. Is the applicant's training full time?  Yes  No
- 2. Are the applicant's training start and end dates correct as shown?  Yes  No
- 3. Will your school certify the applicant's satisfactory progress and enrollment in training every six weeks?  Yes  No

If no to any of the above, please explain: \_\_\_\_\_

- 4. Is the applicant taking English as a Second Language classes?  Yes  No
- 5. Is the applicant taking basic-education classes?  Yes  No
- 6. When did the applicant pre-register or get on a waiting list to start training? (mm/dd/yy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 7. What is the applicant's first day of school? (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 8. When will the applicant complete their program? (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*I have reviewed **Section 2 – Training program information**, and certify the information I provided is true to the best of my knowledge.*

**School advisor or representative - Please print your name and title**

Name: \_\_\_\_\_ Title/position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WorkSource staff**

If the application is received at a WorkSource employment center (or other American Job Center if living outside Washington), staff please date and sign below and forward to the Training Benefits Unit.

Print name: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date received: \_\_\_\_\_

The Employment Security Department is an equal-opportunity employer and provider of programs and services. Auxiliary aids and services are available upon request to people with disabilities. Auxiliary aids may include qualified interpreters and telecommunication devices (TTY) for hearing- or speech-impaired individuals. Individuals with limited English proficiency may request free interpretive services to conduct business with the department.