



Skills Management, LLC  
Certify in 3-5 weeks

-PO Box 451- 25070 State Road 35 Siren, WI 54872

## TRAINEE COMPLIANCE APPLICATION & AGREEMENT

### Contact information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Driver's License#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone#: \_\_\_\_\_

**Train Skills Management offers a limited number of training positions each session. In order to ensure the success of our trainees, we ask you to provide us with the information requested below.**

Please list any physical restrictions you may have such as lifting, standing, hearing loss, vision impairment (color blindness), diabetes etc. that we should be aware of: \_\_\_\_\_

Please indicate the range of lifting you can perform: 0-10 pounds \_\_\_\_\_ 11-25 pounds \_\_\_\_\_  
26-50 pounds \_\_\_\_\_ 51-70 pounds \_\_\_\_\_

Please list any learning disabilities such as dyslexia, trouble with test taking, math, spelling, etc.

**\*Trainees must pass a drug test prior to beginning our Training Program** and must agree to random drug testing during training, applying for a job, and while employed.

**\*Trainees must NOT have any OPEN felonies** and must agree to a background check.

**\*Trainees must** possess a valid driver's license, own or have access to a dependable vehicle, be able to travel 50-100 miles daily, and stay overnight for up to 5 weeks at a time.

DAYS Available for Training: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

TIME Available for Training: Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_ Both \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainer Initials

**TSM USE ONLY** TUITION REIMBURSEMENTS: Industry sponsored \_\_\_ Tribal sponsored \_\_\_ WOIA funded \_\_\_  
WAI funded \_\_\_ TLAC funded \_\_\_ VRNA funded \_\_\_ Grant funded \_\_\_ Privately funded \_\_\_ Other \_\_\_



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**As a Train Skills Management Trainee, you will be expected to:**

**\*\*\*SAFETY FIRST – IS ALWAYS OUR #1 OBJECTIVE\*\*\***

1. Be on TIME. If you are unable to attend a day of training, **please call Tim D’Jock at 715-688-9629 24hrs in advance.** For illness the day of Training, or a personal emergency please call or text asap
2. Dress appropriately – long pants, safety shoes, shirts with sleeves. Wear OSHA approved safety gear while on equipment.
3. Be sober. If you are suspected of being under the influence of drugs or alcohol, you will be asked to leave.
4. Submit to drug testing prior to final acceptance into the training program.
5. Make a personal commitment to participate in and complete this Training Program.
6. **NO CELL PHONES ALLOWED IN SESSIONS.** Personal phones & devices are to be shut off or left in vehicle, unless otherwise discussed with Training Director.

\*\*\*\*\*

I WILL NOT hold Train Skills Management, their agents or representative liable for injury or other damages incurred as a result of participation in their training. I understand that the final judgment of physical limitations per assignment is solely my responsibility.

I understand the above information and have answered truthfully. If I have questions about ANYTHING, I will ask the Training Director.

**PLEASE INITIAL THE FOLLOWING 3 POINTS, SIGN AND DATE at the bottom.**

\_\_\_\_\_ Signing this Trainee Compliance Agreement indicates I am willing to accept these terms, if accepted into the Train Skills Management Training Program.

\_\_\_\_\_ Signing this Agreement also assure I am committed to participate in and complete this specialized Certified Training Opportunity within the proposed scheduled timeline parameters. In signing, I acknowledge that this is a limited space opportunity and it is a privilege to be accepted into this program.

\_\_\_\_\_ Signing this Agreement, I commit to not missing more than 2 days during this course. I will make every effort to contact Tim D’Jock, via phone call or text if a scheduling conflict occurs due to illness or family emergency. I understand that the time missed in class and skills training must be made up to meet minimum requirements.

\_\_\_\_\_

Trainee Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Train Sills Management Signature

\_\_\_\_\_

Date



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## MENTOR AND STUDENT ROLE EXPECTATIONS

*“Mentoring is not about making people better...  
but rather helping them discover what they already possess.”*

Responsibilities/requirements for all mentors:

1. Attend an orientation session to ensure there is understanding and consensus about the goals of the Train Skills Management mentor program.
2. Meet with each student at least weekly over the phone or in person. If there is an opportunity to meet in a small group with other students and mentor for additional support, please do so.
3. Assist students in achieving both professional and personal goals.
4. Be supportive and encouraging.
5. Confidentiality is expected.

Qualifications:

1. Work and life experiences in technical fields, management, or leadership
2. Enthusiastic commitment to the development and support of the students
3. Strong interpersonal skills
4. Excellent listening skills – “Listen more, talk less”
5. Ability to establish rapport with students from diverse backgrounds and experiences
6. Have a heart for mentoring and a passion for helping other

### Student Expectations:

1. Discuss your needs and expectations and goals, (both short and long term) with your mentor.
2. Be committed to the training program and ask for help and guidance to ensure your success.
3. Be responsive to communications from your mentor.
4. Be open to critique from your mentor.

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

TSM Instructor: \_\_\_\_\_ (initial)



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**RELEASE OF INFORMATION**

The purpose of this release of information is to provide for the exchange of names and to make referrals to other agencies from Train Skills Management. Any information received or released by Train Skills Management shall be treated as private. I understand I may revoke this consent upon written notice at any time unless my participation in this program is a condition of probation, parole, or other court order.

I hereby give my permission to Train Skills Management to exchange information about myself for the purpose of promoting my employment opportunity, networking with Industry partners, provide training data to improve and ensure the sustainability and growth of the training program and to connect and share with multi-media platforms to build collaborative partnerships with diverse partners and Governmental Officials.

This release remains in effect for one year after today's date and, it is understood by all parties that unless written notice to cease and desist by the person granting release is received by Train Skills Management, the release remains in place indefinitely.

I grant full permission for Train Skills Management to use any photographs, film, video, written content, or audio of me during my training for any purpose Train Skills Management deems appropriate.

\_\_\_\_\_

Trainee Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Trainee Signature

\_\_\_\_\_

Date

\_\_\_\_\_

PARENT/GUARDIAN (for students/trainees under 18 years old)

\_\_\_\_\_

Date

Verified by TSM Staff: \_\_\_\_\_

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

**TRAINEE ENROLLMENT WORKSHEET**

Personal information you provide may be used for secondary purposes [Privacy Law, s 15.04(1)(m) Wis. Stats.] All information will be kept confidential, secure and used only to analyze enrollment patterns, ensure equal access to the program, and evaluate program effectiveness.

Trainee Name:					
		<i>First</i>	<i>Middle Initial</i>	<i>Last</i>	
DOB:				Social Security Number:	
	<i>MM</i>	<i>DD</i>	<i>YYYY</i>	-	-
County of Residence:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed		
Race:		<input type="checkbox"/> American Indian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White	
		<input type="checkbox"/> Asian	<input type="checkbox"/> Hawaiian Native Pacific Islander	<input type="checkbox"/> Other	
		<input type="checkbox"/> Unknown/Undisclosed			
Ethnicity:		<input checked="" type="radio"/> Hispanic	<input checked="" type="radio"/> Non-Hispanic	<input type="radio"/> Undisclosed	
Ex-Offender?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Undisclosed		
First-Time Graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Undisclosed		
Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Undisclosed		
Disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/Undisclosed		
Employment Status:	<input type="checkbox"/> Employed		<input type="checkbox"/> Not Employed		
Employment Type Before Training:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Permanent		
Employment Hours Before Training:	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-Time 32 or more hours per week			
Hourly Wage before Training:					
Name of Pre-training Employer:					
Trainee Classification:					
<input type="checkbox"/> Unemployed		<input type="checkbox"/> Underemployed		<input type="checkbox"/> Incumbent - New Hire	
				<input type="checkbox"/> Incumbent - Existing	

## Youth/Young Adult Retrospective Survey

[Program Name] is interested in learning how this experience helped you to grow as a leader and community member. The next questions ask you to think about your skills, knowledge and experiences BEFORE you participated in this program, and NOW, after having participated. Remember, it's okay to have limited experience in many of these categories. There are no right or wrong answers. Thank you for your feedback!

Think back to **BEFORE** participating in [Program Name]. Please rate your level of agreement/disagreement with the following statements.

Now rate your agreement/disagreement with the following statements **NOW**, after having participated in [Program Name].

### HOW DID YOU FEEL BEFORE?

### HOW DO YOU FEEL NOW?

	Strongly Agree	Agree	Disagree	Strongly disagree	Strongly Agree	Agree	Disagree	Strongly disagree
1a. I think it is important to listen to and value the opinions of others.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
2a. I have the skills and experiences needed to be a mentor for other youth.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
3a. I feel supported in pursuing my personal goals.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
4a. I am confident.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
5a. I can handle stressful situations.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
6a. I am willing to stand up for what is right.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
7a. There are people in my life I can depend on when I need help.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
8a. I feel like I am part of a community.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
9a. I believe young people can make a difference in the community.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
10a. When I have a problem there is an adult that I can talk to.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
11a. I know what I can do to help make the community a better place.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
12a. I know how to get along with other young people.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
13a. I feel comfortable speaking in front of a group of people.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
14a. I have identified future goals for myself.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

15. How have you changed as a result of [Program Name], or how has [Program Name] impacted your life?

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16. What is one thing you would change about [Program Name] or what can be improved?

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17. Would you recommend [Program Name] to your friends?

<sup>1</sup> Yes

<sup>2</sup> Maybe

<sup>3</sup> No

18. How would you rate your overall experience with [Program Name]?

<sup>1</sup> Excellent

<sup>2</sup> Very good

<sup>3</sup> Average

<sup>4</sup> Below average

<sup>5</sup> Poor

19. What was the best part of your experience at [Program Name]?

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## Motivation Self-Assessment

Answer the following questions honestly. There are no right or wrong answers. This is meant to help you think more about your own self-motivation.

I am self-driven and do not need other people to motivate me. Yes  No

I usually have a positive attitude. Yes  No

Money is highly motivating for me. Yes  No

I need constant feedback and assurance when doing a task. Yes  No

I can work independently without prodding to complete a task. Yes  No

I have high self-expectations and self-confidence. Yes  No

I have a difficult time believing in myself. Yes  No

I am motivated by praise from my supervisor. Yes  No

I feel good when co-workers give me positive feedback. Yes  No

I only like working with a team to get something done. Yes  No

I am responsible for my own work results. Yes  No

Awards and recognition are motivating factors for me. Yes  No

I usually procrastinate and wait until the last minute. Yes  No

I enjoy the challenges of many projects at once. Yes  No

# Motivation and Goal-Setting Worksheet

1. Choose one goal that you have for this school year and write it down.

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2. Why do you want to achieve that goal? What is the motivation behind choosing that goal?

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3. How will you feel when you achieve this goal?

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4. What is the major roadblock you see today in order to achieve this goal?

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5. What can you do to overcome the roadblock?

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6. What are three things you can do this month to get closer to reaching this goal?

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7. What are three things you can do to keep yourself motivated until you reach this goal?

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## Work Ethic – What is Most Important?

Below is a list of characteristics that reflect a good strong work ethic. Add more if desired. Which three do you think are the most important? Circle them. In the space provided, explain how you can demonstrate each of these in the workplace.

positive attitude

dependable

responsible

adaptable/flexible

honest

self-motivated

lifelong learner

self-confident

enthusiastic

optimistic

loyal

respectful

cooperative

productive

team player

emotionally mature

trustworthy

punctual

hardworking

efficient

good listener

\_\_\_\_\_

How can you demonstrate each of your top 3 choices in the workplace?

1.

2.

3.

## Work Ethic Self-Reflection

In the space below, create a list of work ethic characteristics, both positive and negative, that other people would use to describe you. Try to identify a minimum of 10 characteristics.

**How others see me:**

Cross off the traits you'd like to get rid of in the box above. Circle the top 2 characteristics that you'd like to work on. In the box below, make an action plan with two goals on how you can improve each of the top 2 characteristics circled.

**Action Plan**

Characteristic #1:

- Goal 1:
- Goal 2:

Characteristic #2:

- Goal 1:
- Goal 2:

# Respect Self-Assessment

Take this self-assessment and decide for yourself if you need to improve.

- I treat others like they matter. Yes  No
- I do not interrupt or barge in on others. Yes  No
- I respect others with more experience on the job. Yes  No
- I do not make fun of others. Yes  No
- I ask permission to use other people's things. Yes  No
- I treat others the way I'd like to be treated. Yes  No
- I am considerate of others. Yes  No
- I treat others fairly. Yes  No
- I am courteous to other people. Yes  No
- I will listen to people I have personal differences with. Yes  No
- I work to solve problems without violence. Yes  No
- I did not embarrass or intentionally ridicule others. Yes  No
- I can accept direction graciously from a manager. Yes  No
- I do not take credit for other people's work/ideas. Yes  No