



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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COVID GUIDELINES

Train Skills Management is intent on providing a safe learning environment for our trainees and trainers. We will be closely following OSHA, CDC, and Wisconsin's Department of Health guidelines for COVID-19. We will do our best to limit the number of people in the building at any given time to 24 or less people. The projected class size will be no more than 8-12 students plus Instructors. Our building has fresh air exchanger ventilation that will help limit the spread of this virus. We will provide hand sanitizer, 1 face mask per person, and other personal protective equipment as needed.

RESPONSIBILITIES/REQUIRMENTS FOR ALL TRAINEES AND TRAINERS

1. Must be up to date with all COVID vaccinations and boosters AND provide TSM with a copy of your vaccination card. ***If not fully vaccinated, student must wear a mask at all time during the classes.
2. Stay home if you have a fever, cough, or are sick in any way. Temperatures may be taken every day you attend class. If you have a temperature of 100 degrees or more, you will be asked to leave. Also, if you have a new cough, sneezing, or headache, you will be asked to leave.
3. Please be respectful and maintain social distancing from other Trainees, Mentors, and Trainers.
4. You may be required to wear a mask when inside the building.
5. Immediately upon entering the building, please wash your hands thoroughly with soap and water for 20 seconds. Wash hands frequently throughout the day.
6. You will be required to wipe down and sanitize each piece of equipment and tables/chairs after use.
7. Possibly no food allowed in the SOFTEC facility. Food will have to be consumed outside of building.

I agree to abide by ALL the requirements listed above.

Print Name

Signature

Date

Trainer Initials: _____ 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 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			

Program Details

Home (<http://wisconsinjobcenter.org/training/>) / Program Search (/ETPL/Home/ProgramSearch) / Results (/ETPL/Home/Results?Keyword=Siren&pageNum=1) / Details

Program#

01050_00001

Program Name

Heavy Equipment CAT Simulator/Traditional Training

Description

Train Skills Management (TSM) provides Heavy Equipment Training in 5-6 weeks which includes the use of high tech CAT Simulator with Virtual Reality Headsets with 3 Degree full motion to provide real life training situations that ensure the safe operation of Heavy Equipment in multiple platforms. Proficiency in production with Efficiency in fuel usage, equipment start up and shut down, troubleshooting of 22 of 30 breakdowns at any given time, with skills training and operation

[Show More](#)

Minimum Requirements

High School Diploma or Equivalent

Program Format

Online and In Person

This program is eligible for the ETPL, for the following reason(s):

- List of links to 3 employer documents

1. Employer - Letter of Support (3 Required) (/ETPL/Home/ShowFile?num=1462)
2. Employer - Letter of Support (3 Required) (/ETPL/Home/ShowFile?num=1460)
3. Employer - Letter of Support (3 Required) (/ETPL/Home/ShowFile?num=1461)
4. Employer - Letter of Support (3 Required) (/ETPL/Home/ShowFile?num=1463)
5. Employer - Letter of Support (3 Required) (/ETPL/Home/ShowFile?num=1464)
6. Employer - Letter of Support (3 Required) (/ETPL/Home/ShowFile?num=1465)
7. Employer - Letter of Support (3 Required) (/ETPL/Home/ShowFile?num=1469)
8. Employer - Letter of Support (3 Required) (/ETPL/Home/ShowFile?num=1470)
9. Employer - Letter of Support (3 Required) (/ETPL/Home/ShowFile?num=2845)
10. Employer - Letter of Support (3 Required) (/ETPL/Home/ShowFile?num=2846)
11. Employer - Letter of Support (3 Required) (/ETPL/Home/ShowFile?num=2847)

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.

HOW DID YOU FEEL BEFORE?

	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
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
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
4a. I am confident.	<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
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
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
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
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
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
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
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
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
14a. I have identified future goals for myself.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

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

HOW DO YOU FEEL NOW?

	Strongly Agree	Agree	Disagree	Strongly disagree
b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
b.	<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?

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

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

- ¹ Yes
² Maybe
³ No

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

- ¹ Excellent
² Very good
³ Average
⁴ Below average
⁵ Poor

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

STUDENT SKILLS ASSESSMENT

Name: _____

Date: _____

- What are your personal objectives for taking this course?

- Mark the types of heavy equipment you have operated previous prior to the start of this course:
 DOZER__ FARMTRACTOR__ SKID STEER__ BACKHOE__ EXCAVATOR__ TRACK HOE__
 DRAG LINE__ BELLY SCRAPER__ GRADER__ LAWMOWER__ ARTICULATED TRUCK__
 SMALL WHEEL LOADER__ PAYLOADER__ DUMP TRUCK__ SKIDDER__ FELLER BUNCHER__
 BUNK HAULER__ 4-WHEEL BUNK HAULER__ 6-WHEEL BUNCHER__ FORK LIFT__ BOOM
 LIFT__ LULL__ SKY JACK__ BOX TRUCK__ SEMI-TRUCK/TRAILER__
 1 TON+ TRUCK W/TRAILER__ FLATBED TRUCK__ AIR BRAKES_CD_L__

- Are you a veteran? YES__ NO__

- Have you earned a living operating one of the pieces of equipment listed above?
 YES__ NO__

- If YES, check all that apply.
 ___Full Time ___Part Time ___Seasonal ___Family Business

- What do you hope this training course will provide for you?

- What skill sets are you looking to learn or improve upon through this class?

- Is this training something that you thought you would ever have the opportunity to participate in?
 YES__ NO__

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.

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

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

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

5. What can you do to overcome the roadblock?

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

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

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

4D

Mutual Hold Harmless and Indemnification Agreement

Train Skills Management, LLC shall defend and indemnify, and hold _____ its officers, agents, and employees, harmless from and against any and all liability, loss, expense (including reasonable attorney's fees), or claims for injury or damages arising out of the performance of this Agreement only in proportion to and to the extent such liability, loss, expense, attorney's fees, or claims for injury or damages are caused by or the result from the negligent or intentional acts or omissions of Train Skills Management, LLC its officers, agents, or employees.

_____ shall defend, indemnify, and hold Train Skills Management, LLC its officers, agents, and employees, harmless from and against any and all liability, loss, expense (including reasonable attorney's fees), or claims for injury or damages arising out of the performance of this Agreement only in proportion to and to the extent such liability, loss, expense, attorney's fees, or claims for injury or damages are caused by or the result from the negligent or intentional acts of omissions of _____, its officers, agents, or employees.

Contractor Name	Train Skills Management, LLC Training Facilitator
Signature	Signature
Printed Name	Printed Name
Date	Date