

Approved Training Program Application

Complete this form only if you have applied and qualify for unemployment insurance benefits and you are enrolled in full-time post-secondary or vocational training.

If your application is approved, the work search requirements will be waived while you are participating in the program. In addition to your regular unemployment benefits, you may be eligible to receive up to 26 weeks of additional benefits. No tuition or school expenses will be paid under this program. 225 NAC 1

Processing of your Approved Training Application will be delayed if you do not provide complete information. If you have questions, please call (402) 458-2500 and ask for the Approved Training Unit.

If you have not already submitted your Approved Training application online, complete this application entirely and mail/fax to:

Nebraska Department of Labor

Attn: UI Benefits Special Programs – Approved Training Program

P. O. Box 94600

Lincoln, NE 68509-4600

Fax: 402-458-2595

Note: If you are viewing this form on Google Chrome, you will need to fill out this form using Adobe Reader, as certain fields will not print otherwise.

Applicant Information

SSN

BYE (office use only):

Last Name:

First Name:

Middle Initial:

Phone Number:

E-mail Address:

School/Facility Information

Name of School or Facility:

Country:

Address:

City:

State:

Province:

Zip:

Training Information

1. Planned attendance dates for the ENTIRE program (not quarter or semester):

Start Date:

End Date:

2. Title of training course:

3. Method of Completion (check all that apply):

In a Classroom

Online

On-the-Job Training

Other

If Other, explain below:

(limit 100 characters)

Training Information

4. Student status:

Full-Time Number of Credit Hours:

Part-Time Number of Credit Hours:

Reason for part-time status:

(limit 100 characters)

5. Upon completion of this program, you will receive:

Certificate

Diploma

License

Associate
degree

Bachelor's
degree

Master's
degree

Ph. D

6. Once you have completed your training program or degree, what occupation do you plan to pursue?

(limit 100 characters)

7. Have you applied for or do you expect to receive payments through any of the following programs while you are attending training?

Yes

No

If yes, check all that apply:

Trade Act

Workforce Innovation and Opportunity Act **(must attach signed WIOA Letter)**

Vocational Rehabilitation

Payments will be made to:

Student

School/Training Institution

Veterans Benefits

Payments will be made to:

Student

School/Training Institution

Other

If Other, explain source, amount, and purpose of payments:

(limit 100 characters)

8. Indicate whether you can work in the industry in which you previously worked/trained.

Yes, I can work in my previous industry.

No, I cannot work in my previous industry.

If no, explain below **(If medical, must attach medical verification)**:

(limit 100 characters)

Resume Information

Your NEworks resume must provide the following information:

- Work history (previous five years or five jobs): employment dates, job titles, rate of pay and reasons for leaving
- Previous training/education: courses, dates, type of certification/degree (if any) for any training/education since high school

Non-Nebraska Residents

If you reside outside Nebraska, attach your resume to this application.

Attachments

If you have any of the following documents that support your application, attach them to this application.

- WIOA letter
- Medical verification
- Resume (Non-Nebraska resident)
- Class schedule

Acknowledgement and Release of Information

I certify that the information I have provided is true and complete to the best of my knowledge.

I hereby authorize the training school/facility named above to release any and all information concerning my training to the Nebraska Department of Labor. This release is valid for two years from the date I end training.

Signature: _____ Date: _____