OMB Approved No. 2900-0874
Respondent Burden: 5 Minutes
Expiration Date: 12/31/2022

Department of Veterans Affairs

EMPLOYMENT CERTIFICATION

PART I - CERTIFICATION OF EMPLOYMENT *(To be completed by veteran)*

IMPORTANT - Please be prepared to provide proof of employment in the form of an offer letter, pay stub, promotion offer, note from manager, or marketing material showing expansion in scope of level of services for veteran owned businesses.

Where to send completed form:
VET TEC Participants: Submit this form by email to: **VETTEC.VBABUF@VA.GOV**.
VRRAP Participants: Submit this form by email to: **EDUVRRAP.VBAMUSK@VA.GOV**.

SECTION I - APPLICANT INFORMATION

1A. VETERAN'S NAME (First, Middle Initial, Last)	1B. DATE OF BIRTH	1C. EMAIL

SECTION II - PROGRAM SELECTION AND EMPLOYMENT *(To be completed by veteran)*

2. PLEASE SELECT THE PROGRAM THAT YOU WOULD LIKE TO CERTIFY EMPLOYMENT FOR BY CHECKING THE APPROPRIATE "YES" BOX BELOW:

☐ YES VETERAN EMPLOYMENT THROUGH TECHNOLOGY EDUCATION COURSES (**VET TEC**) **(If checked complete Item 3A)**

☐ YES VETERAN RAPID RETRAINING ASSISTANCE PROGRAM **(VRRAP) (If checked complete Item 3B)**

NOTE - IF ACTIVELY SEEKING EMPLOYMENT BUT HAVE NOT FOUND EMPLOYMENT, PLEASE WAIT AT LEAST **180 DAYS** TO COMPLETE THIS FORM.

3. PLEASE PROVIDE YOUR EMPLOYMENT STATUS AFTER PROGRAM COMPLETION, WITHDRAWAL, OR TERMINATION IN ITEM 3A *OR* 3B.

3A. VET TEC PARTICIPANTS COMPLETE ITEMS BELOW:

VET TEC PARTICIPANTS ONLY: I HEREBY acknowledge, by my signature in Item 14, that I am/have: (Check all that apply)

☐ Unemployed or did not find meaningful employment, within 180 days after my program

☐ Continuing education - I enrolled in a different program of education to continue my educational pursuits

☐ Found meaningful employment, which aligns with the skills I acquired during my VET TEC program. Select the type of employment found by checking the appropriate box below:

- ☐ Full-time, Part-time, or Temporary employment
- ☐ Paid Internships, Paid Apprenticeships, or Contract employment
- ☐ Self-employed or started a new business

☐ Attained a recognized postsecondary credential during the 12-month period after exiting the program (a credential consisting of an industry-recognized certificate or certification, a certificate of completion of an apprenticeship, or license recognized by the State involved or Federal Government, or an associate or baccalaureate degree)

NOTE: Department of Veterans affairs defines Meaningful Employment for VET TEC as:

- Traditional employment in a career supported by the completed program of study.
- Promotion in the veteran's current career if the veteran is currently employed in a career supported by the completed program of study.
- Self-employment if the veteran owns or operates a business and is utilizing the skills obtained through the completion of the program of study.

3B. VRRAP PARTICIPANTS COMPLETE ITEMS BELOW:

VRRAP PARTICIPANTS ONLY: I HEREBY acknowledge, by my signature in Item 14, that I am/have: (Check all that apply)

☐ Unemployed or did not find employment in a field related to the program of education, within 180 days after my program

☐ Continuing education - I enrolled in a different program of education to continue my educational pursuits

☐ Found employment, in a field related to my program of education in the Veteran Rapid Retraining Assistance Program. Select the type of employment found by checking the appropriate box below:

- ☐ Full-time, Part-time, or Temporary employment
- ☐ Paid Internships, Paid Apprenticeships, or Contract employment
- ☐ Self-employed or started a new business

☐ Attained a recognized postsecondary credential during the 12-month period after exiting the program (a credential consisting of an industry-recognized certificate or certification, a certificate of completion of an apprenticeship, or license recognized by the State involved or Federal Government, or an associate or baccalaureate degree)

PART II - EMPLOYMENT INFORMATION

SECTION I - EMPLOYER'S INFORMATION *(To be completed by veteran)*

1. EMPLOYER'S NAME	2. EMPLOYER'S ADDRESS Number & Street: City, State & ZIP Code:

3. SUPERVISOR'S NAME	4. SUPERVISOR'S TELEPHONE NUMBER *(Include Area Code)*

5. SUPERVISOR'S EMAIL	6. EMPLOYER'S WEBSITE

7. JOB TITLE	8. SALARY

9. DESCRIBE HOW YOUR NEW DUTIES AND RESPONSIBILITIES ALIGN WITH YOUR FIELD OF STUDY

10. HOURS PER WEEK *(Average)*	11. HIRE DATE	12. START DATE	13. END DATE *(If contract)*

I CERTIFY THAT all the information I have provided is true and correct to the best of my knowledge and belief and I authorize the Department of Veterans Affairs to verify my employment if needed. I understand that by submitting this certification, I am making a statement to the government for the purposes of obtaining federal benefits. Section 1001 of Title 18 of the U. S. Code makes it a criminal offense for any person to knowingly and willfully make false or fraudulent statements to any department or agency of the United States Government.

14. VETERAN'S SIGNATURE	15. DATE

SECTION II - CERTIFICATION OF EMPLOYMENT *(To be completed by Certifying Official (CO))*

16. CERTIFYING OFFICIAL'S NAME AND TITLE	17. CERTIFYING OFFICIAL'S TELEPHONE NUMBER *(Include Area Code)*

18. NAME OF TRAINING PROVIDER	19. TYPE OF PROGRAM	20. EMAIL

By signing, **I CERTIFY** (1) that the information provided above is true, complete and correct to the best of my knowledge and belief, and (2) that I am an authorized official of the organization mentioned. I understand that by submitting this certification, I am making a statement to the government for the purposes of obtaining federal benefits. Section 1001 of Title 18 of the U. S. Code makes it a criminal offense for any person to knowingly and willfully make false or fraudulent statements to any department or agency of the United States Government.

21. CERTIFYING OFFICIAL'S SIGNATURE	22. DATE

PRIVACY ACT NOTICE: Section 8006 of Public Law 117-2, and Section 116 of Public Law 115-48 authorized VA to implement the Veteran Rapid Retraining Assistance Program (VRRAP), and the Veteran Employment through Technology Education Courses (VET TEC) programs, respectively. Both of these programs provide assistance to an eligible veteran for the pursuit of a covered program of education. This form therefore allows veterans who either participated in a VRRAP or VET TEC program to certify to VA that they have found employment in a field related to their program of education. Also, this form is used to collect certain information from the applicant to be used in VA reports to Congress that will assist with outcome measures. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by Section 8006 of Public Law 117-2 or Section 116 of Public Law 115-48. The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching with other agencies.

RESPONDENT BURDEN: We need this information to determine your ability to participate in either the VRRAP or VET TEC Program. Section 8006 of Public Law 117-2 and Section 116 of Public Law 115-48 allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at **www.reginfo.gov/public/do/PRAMain**. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.