



SDDVA OJT/APPRENTICESHIP REFERRAL
 (A copy of the DD214 must be attached)

EMPLOYER INFORMATION

Date: _____ Caller: _____
 Employer: _____
 Contact Person: _____ Phone: _____ Cell: _____
 Employer Street Address: _____
 City: _____ State: _____ Zip: _____
 Job Title: _____
 Start Date at Current Position: _____

FOR OFFICIAL SAA USE ONLY

Prior Experience: _____

TRAINEE INFORMATION

Trainee: _____ SS #: _____
 Trainee Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____
 Education Benefits Used Before: Yes No
 Service Dates Entered: _____ Discharged: _____

Chapter: 30 33 35 1606

FOR OFFICIAL SAA USE ONLY

Eligibility Verified With: _____ Yes No Date: _____

Comments: _____

Completed application should be mailed to SDDVA, 425 East Capitol Avenue, Pierre, SD 57501