

OPERATION TRANSITION EMPLOYER REGISTRATION

OMB No. 0704-0324
OMB approval expires

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0324). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO:
DMDC, ATTENTION: OPERATION TRANSITION, DODC, 400 GIGLING RD., SEASIDE, CA 93955**

1. ORGANIZATION NAME AND ADDRESS <i>(Include 9-digit ZIP Code)</i>		2. EMPLOYMENT CONTACT ADDRESS <i>(If different from Item 1) (Include 9-digit ZIP Code)</i>	
3. ORGANIZATION CONTACT		4. EMPLOYMENT CONTACT <i>(If different from Item 3)</i>	
5. ORGANIZATION TELEPHONE NUMBER <i>(Include Area Code)</i>		6. EMPLOYMENT CONTACT TELEPHONE NUMBER <i>(If different from Item 5) (Include Area Code)</i>	
7. FAX TELEPHONE NUMBER <i>(Include Area Code)</i>		8. FAX ROUTING ADDRESS	
9. HOW DID YOU HEAR ABOUT OPERATION TRANSITION?		10. IS YOUR ORGANIZATION: <i>(X one)</i> <input type="checkbox"/> a. PRIVATE SECTOR EMPLOYER <input type="checkbox"/> b. PUBLIC OR COMMUNITY SERVICE EMPLOYER	
11. TYPES AND LOCATIONS OF POSITIONS IN ORGANIZATION LIKELY TO BE AVAILABLE <i>(Briefly describe)</i>			
12. PROCEDURES FOR APPLYING FOR AVAILABLE POSITIONS <i>(Please indicate if you do not wish to receive unsolicited resumes)</i>			
13a. SIZE OF ORGANIZATION		13b. MAJOR FUNCTION/BUSINESS ACTIVITY OF ORGANIZATION	
14a. IS YOUR ORGANIZATION INVOLVED IN: <i>(X applicable blocks)</i> <input type="checkbox"/> (1) PLACEMENT SERVICES <input type="checkbox"/> (4) FRANCHISE OPERATIONS <input type="checkbox"/> (2) DIRECT MARKETING <input type="checkbox"/> (5) NONE OF THE ABOVE <input type="checkbox"/> (3) MULTI-LEVEL MARKETING		14b. ARE YOUR POSITION(S): <input type="checkbox"/> (1) COMMISSION ONLY <input type="checkbox"/> (2) SALARY ONLY <input type="checkbox"/> (3) COMBINATION OF COMMISSION AND SALARY	
		14c. IS AN INVESTMENT OR FEE NECESSARY <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO (3) IF YES, SPECIFY AMOUNT \$	
15. AGREEMENT I understand this agreement covers the use of Operation Transition automated systems including the Public and Community Service (PACS) Organization Registry and the Transition Bulletin Board (TBB). I hereby agree to use the TBB only. I also agree not to use the TBB to develop mailing lists or to promote business opportunities such as franchise or direct or multi-level marketing operations. I certify that the information provided is true, accurate, and complete. I acknowledge that any false statement may be punishable pursuant to Title 18 U.S.C. Section 1001.			
16. SIGNATURE			17. DATE <i>(YYYYMMDD)</i>
GOVERNMENT USE ONLY			
18. REGISTRATION NUMBER	19. CLERK		20. DATE <i>(YYYYMMDD)</i>

INSTRUCTIONS FOR COMPLETING DD FORM 2581

1. ORGANIZATION NAME AND ADDRESS. Enter your organization name and address exactly as you would like it to appear on information mailed to you. P.O. boxes not preferred.

2. EMPLOYMENT CONTACT ADDRESS. Enter the address of your Human Resources Department (if different from Item 1).

3. ORGANIZATION CONTACT. Enter the name of the individual who will serve as organizational contact to Operation Transition.

4. EMPLOYMENT CONTACT. Enter the name of an individual in your Human Resources Department who can answer specific questions on employment and positions available (if different from Item 3).

5. ORGANIZATION TELEPHONE NUMBER. Enter the area code and telephone number for your organization. Please enter a direct line or voice mail, if available.

6. EMPLOYMENT CONTACT TELEPHONE NUMBER. Enter the area code and telephone number for your employment contact (if different from Item 5). Please enter a direct line or voice mail, if available.

7. FAX TELEPHONE NUMBER. Enter the area code and telephone number of your fax machine.

8. FAX ROUTING ADDRESS. Enter any additional information that may be needed on the FAX cover sheet.

9. HOW DID YOU HEAR ABOUT OPERATION TRANSITION? List the sources where you first heard about Operation Transition.

10. IS YOUR ORGANIZATION: Mark the appropriate box. Private Sector employers are those who operate on a "for profit" basis. Public Service employers are local, state, or Federal government entities. Community Service employers are certified non-profit organizations or associations.

11. TYPES AND LOCATIONS OF POSITIONS IN ORGANIZATION LIKELY TO BE AVAILABLE. Briefly describe the positions (job types or titles) and the location of the positions which may be available for employment referrals.

12. PROCEDURES FOR APPLYING FOR AVAILABLE POSITIONS. Briefly describe how the applicants should apply for available positions.

13a. SIZE OF ORGANIZATION. Briefly describe size (number of personnel, branch offices, etc.) of your organization.

13b. MAJOR FUNCTION/BUSINESS ACTIVITY OF ORGANIZATION. Briefly describe the major business activities (financial consulting, food processing, etc.) of your organization.

14a. IS YOUR ORGANIZATION INVOLVED IN: Please indicate if your organization is involved in these activities. Specific services are available. If none of the above apply, mark box (5).

14b. ARE YOUR POSITION(S): Indicate if the compensation for these positions is commission only, salary only, or commission and salary combined.

14c. IS AN INVESTMENT OR FEE NECESSARY. Indicate if acceptance of the position requires a monetary outlay by the applicant. This includes: membership fees, agency fees, start-up kits, inventory investments, or tuition. If yes, specify the amount the applicant would be expected to pay.

15. AGREEMENT. Your signature in Item 16 indicates acceptance of the agreement in this item.

Please make certain that all items above have been completed in their entirety. Sign and date the form in items 16 and 17.

MAIL OR FAX THE COMPLETED FORM TO:

DMDC
ATTENTION: Operation Transition, DODC
400 Gigling Rd.
Seaside, CA 93955

FAX: (831) 583-2475