## **Career Transition System**

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## JOB CORPS PLACEMENT RECORD

OMB Appro	val No:	1205-0	035
Evniration	Date:	11/30/2	<b>010</b>

JUB CURPS							PLACEMENT RECORD			,	Expiration Date: 11/30/2010			
1. STUDENT ID 2A. LAST NAME				2B. FIRST NAME			2C. MI	3. SEX	3. SEX 4. PHONE NO.					
5A. STREET ADDRESS, CITY, STATE, ZIPCODE									5B. EMAI	5B. EMAIL				
6. SEPARATION DATE 7. DATE OF BIRTH 8. CENTER CODE			E	9. ASGN	10. GED			11. COMP	LETION	12. GRAD	STAT			
MO DAY Y	EAR	MO DA	YEAR	₹										
13. STUDENT'S A. TAR Code	CTT TRA	INING	B. Title	la.				1 6	ГРА	D. Training	Drovidor			
A. TAR Code			B. 1101	le				"	IFA	D. Hallilli	Provider			
14. STUDENT'S PLACEMENT STATUS ON DATE THIS FORM COMPLETED 15. CTS CODE														
PLACEMENT		Full Time			me Job/Colleg			/Subsidized	I Employme	nt 16 NP N	ot Seeking F	Placement	13.01	3 GODE
STATUS:	02 Two	Full Time	Jobs 07	7 Part Ti	ime Job/Colle		bo 12 Othe	er Training I	Program	17 NP C	annot Locate		16 11	NITIAL
		Part Time Part Time			School / GED Secondary Sch	ool/Trai		Family Obliq Reentered .	•	18 NP C		Dne-Stop Ctr PLACEMENT		
		ed Forces		0 Colleg	-	ooi/ ITai		Seeking Pla			eferred to ot			
17. JOB, SCHO	OL, MILIT	ARY OR N	IOT PLAC	ED INFO	ORMATION (F	IRST)								
A. Registered		NET SOC	C	C. TPA	D. Ho	urs	E. Hourly Wage	F. Job	Title					G. JTM
Apprenticeshi	P													
18. EMPLOYER	S S C H O O I	OD INST	TUTIONA	AL TOAIR	NINC PROCE	AM /EII	Det\						10 NO	N-PLACER
A. Name	, SCHOOI	- OK INST	HUHONA	AL IRAII	NING PROGR	<del>_ `</del>	Area Code & Pho	one No.	F. Email				_	tudent
						5.,								d By NTC?
B. Number and	d Street A	ddress				E. F	ax No.		G. Web S	Site				
C. City, State,	ZIP Code													
A. CONFIRMA			•	EMDI	OVMENT ST	THE						C DATE S	STUDENT R	FPORTED
Name	TION OF F	LACEWIE	NI / SELF	- CIVIL C	Title	1103			Phone	No.		MO	DAY	YEAR
								TUDENT PI						
												МО	DAY	YEAR
21. NAME AND TITLE OF OFFICIAL VERIFYING PLACEMENT (FIRST) 22.SIGNATURE 23. VERIFICATION TYPE 24. DATE									DIACEMEN	NT VERIFIED				
21. NAME AND	TITLE OF	OFFICIAL	VENIFII	NG FLA	CEWIENT (FIR	31) 2	2.3IGNATURE			23. VERIFICA	TION TIFE	MO MO	DAY	YEAR
25. JOB, SCHO	OL, MILIT		IOT PLAC			-	-							
A. ONET SOC		B. TPA			C. Hours		D. Hourly Wage	E. Job	Title					F. JTM
													107.110	
26. EMPLOYER, SCHOOL OR INSTITUTIONAL TRAINING PROGRAM (SECOND)  A. Name  D. Area Code & Phone No.  F. Email											N-PLACER tudent			
71440						0.7	Area Coue & File	one No.						d By NTC?
B. Number and	1 Street A	dress				E. F	ax No.		G. Web S	Site				
D. Hambor and	2 011 001 71	au. 000												
C. City, State,	ZIP Code													
o. only, oldio,														
28. PLACEMEN	IT VEDIEI	CATION (S	ECOND)											
A. CONFIRMA				- EMPL	OYMENT STA	TUS						C. DATE S	STUDENT R	EPORTED
Name					Title				Phone	No.		МО	DAY	YEAR
B OTHERICOL	MMENTS											D. DATE S	STUDENT P	LACED
B. OTHER/COMMENTS D. DAT MO								DAY	YEAR					
29. NAME AND	TITLE OF	OFFICIAI	VERIFYII	NG PLA	CEMENT (SF	COND)	30.SIGNATUR	RE		31. VERIFICA	TION TYPE	32. DATF	PLACEMEN	NT VERIFIED
	01	,				,				72.11.107		MO	DAY	YEAR
										1				

## Job Corps Placement Record

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 7.43 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 this burden, to the U.S. Department of Labor, Room N-4456, 200 Constitution Avenue, NW, Washington, DC 20210 (1205-0033), Washington, DC 20503. (Paperwork Reduction Project 1205-0033).