



JOB CORPS PLACEMENT RECORD

OMB Approval No: 1205-0035

Expiration Date: 11/30/2013

1. STUDENT ID	2A. LAST NAME	2B. FIRST NAME	2C. MI	3. SEX	4. PHONE NO.
---------------	---------------	----------------	--------	--------	--------------

5A. STREET ADDRESS, CITY, STATE, ZIPCODE	5B. EMAIL
--	-----------

6. SEPARATION DATE MO DAY YEAR	7. DATE OF BIRTH MO DAY YEAR	8. CENTER CODE	9. ASGN	10. GED	11. COMPLETION	12. GRAD STAT
-----------------------------------	---------------------------------	----------------	---------	---------	----------------	---------------

13. STUDENT'S CTT TRAINING			
A. TAR Code	B. Title	C. TPA	D. Training Provider

14. STUDENT'S PLACEMENT STATUS ON DATE THIS FORM COMPLETED			15. CTS CODE		
PLACEMENT STATUS:	01 One Full Time Job	06 Full Time Job/College Combo	11 OJT/Subsidized Employment	16 NP Not Seeking Placement	16. INITIAL PLACEMENT
	02 Two Full Time Jobs	07 Part Time Job/College Combo	12 Other Training Program	17 NP Cannot Locate	
	03 One Part Time Job	08 High School / GED	13 NP Family Obligations	18 NP Other	
	04 Two Part Time Jobs	09 Post Secondary School/Training	14 NP Reentered Job Corps	21 NP Referred to One-Stop Ctr	
	05 Armed Forces	10 College	15 NP Seeking Placement	22 NP Referred to other agency	

17. JOB, SCHOOL, MILITARY OR NOT PLACED INFORMATION (FIRST)						
A. Registered Apprenticeship	B. ONET SOC	C. TPA	D. Hours	E. Hourly Wage	F. Job Title	G. JTM

18. EMPLOYER, SCHOOL OR INSTITUTIONAL TRAINING PROGRAM (FIRST)				19. NON-PLACER	
A. Name		D. Area Code & Phone No.		F. Email	
B. Number and Street Address		E. Fax No.		G. Web Site	
C. City, State, ZIP Code				Was Student Placed By NTC?	

20. PLACEMENT VERIFICATION (FIRST)					
A. CONFIRMATION OF PLACEMENT / SELF - EMPLOYMENT STATUS				C. DATE STUDENT REPORTED	
Name		Title		Phone No.	
				MO	DAY YEAR
B. OTHER/COMMENTS				D. DATE STUDENT PLACED	
				MO	DAY YEAR

21. NAME AND TITLE OF OFFICIAL VERIFYING PLACEMENT (FIRST)	22. SIGNATURE	23. VERIFICATION TYPE	24. DATE PLACEMENT VERIFIED		
			MO	DAY	YEAR

25. JOB, SCHOOL, MILITARY OR NOT PLACED INFORMATION (SECOND)					
A. ONET SOC	B. TPA	C. Hours	D. Hourly Wage	E. Job Title	F. JTM

26. EMPLOYER, SCHOOL OR INSTITUTIONAL TRAINING PROGRAM (SECOND)				27. NON-PLACER	
A. Name		D. Area Code & Phone No.		F. Email	
B. Number and Street Address		E. Fax No.		G. Web Site	
C. City, State, ZIP Code				Was Student Placed By NTC?	

28. PLACEMENT VERIFICATION (SECOND)					
A. CONFIRMATION OF PLACEMENT / SELF - EMPLOYMENT STATUS				C. DATE STUDENT REPORTED	
Name		Title		Phone No.	
				MO	DAY YEAR
B. OTHER/COMMENTS				D. DATE STUDENT PLACED	
				MO	DAY YEAR

29. NAME AND TITLE OF OFFICIAL VERIFYING PLACEMENT (SECOND)	30. SIGNATURE	31. VERIFICATION TYPE	32. DATE PLACEMENT VERIFIED		
			MO	DAY	YEAR

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).