



Career Transition System

U.S. Department of Labor
Employment and Training Administration

OMB Approval No.: 1205-0035
Expiration Date: 3/31/2017

JOB CORPS PLACEMENT RECORD

1. STUDENT ID		2A. LAST NAME		2B. FIRST NAME		2C. MI	3. SEX	4A. PHONE NO.-HOME PHONE	
4B. CELL PHONE		4C. ALTERNATE PHONE		5A. STREET ADDRESS, CITY, STATE, ZIP CODE				5B. PERSONAL EMAIL	
6. SEPARATION DATE		7. DATE OF BIRTH		8. CENTER CODE		9. ASGNACADEMIC ATTAINMENT:		10. GEDCTT COMPLETION	
MO	DAY	YEAR	MO	DAY	YEAR			11. COMPLETION/SEPARATION STATUS	
13. STUDENT'S CTT TRAINING / 12. STUDENT'S CAREER TECHNICAL TRAINING (CTT)									
A. E-TAR CODE		B. CTT PROGRAM TITLE			C. TRAINING PROGRAM AREA (TPA)		D. TRAINING PROVIDER		
14. STUDENT'S PLACEMENT STATUS ON DATE THIS FORM COMPLETED / 13. STUDENT'S PLACEMENT STATUS						14. CTS AGENCY:		15. CTS CODE:	
PLACEMENT STATUS:				NON PLACED STATUS:				16. INITIAL PLACEMENT TYPE:	
01 One Full Time Job		10 College		16 NP Not Placed - Not Seeking Placement					
02 Two Full Time Jobs		Registered Apprentice Full Time Job		15 NP Not Placed - Seeking Placement					
03 One Part Time Job		12 Other Training Program		14 NP Not Placed - Reentered Job Corps					
04 Two Part Time Jobs		11 OJT/Subsidized/Paid Employment		13 NP Not Placed - Family Obligations					
05 Armed Forces		09 Post-Secondary School/Training		18 NP Not Placed - Other Reasons					
06 Full Time Job/College Combo		High School Diploma (HSD) Program		21 NP Not Placed - Referred to One-Stop Center					
07 Part Time Job/College Combo		08 High School / GED High School Equivalency (HSE) Program		17 NP Not Placed - Cannot Locate					
17. FIRST PLACEMENT INFORMATION: JOB, SCHOOL, MILITARY OR NOT PLACED INFORMATION (FIRST)									
A. Registered Apprenticeship		B. ONET SOC Code	C. TPA for Job	D. Hours / Credits / Duration	E. Hourly Wage	F. Job Title		G. JFM Job Description	H. JTM
18. FIRST PLACEMENT INFORMATION: EMPLOYER, SCHOOL, OR INSTITUTIONAL TRAINING PROGRAM (FIRST)						19. NON-PLACER STUDENT PLACED BY: Was Student Placed by NTC?			
A. Employer or Institution Name			B. POC Name		F. C. Email		D. Area Code & Phone No.		
B. Number and Street / E. Employer's or Institution's Address						E. F. Fax No.			
G. Web Site / Staffing Agency Name			H. POC Name		F. I. Email		J. Phone		20. ADVANCED CAREER TRAINING (ACT) Did ACT student continue in college?
K. Staffing Agency Address						L. Fax No.			
20. PLACEMENT VERIFICATION (FIRST) / 21. FIRST PLACEMENT INFORMATION: VERIFICATION									
A. CONFIRMATION OF PLACEMENT / SELF-EMPLOYMENT STATUS						C. DATE STUDENT REPORTED			
Placement Agency Name		POC Name		Title		Phone No.		MO	DAY
								YEAR	
B. OTHER/COMMENTS						D. DATE STUDENT PLACED			
								MO	DAY
								YEAR	
21-22. NAME AND TITLE OF OFFICIAL VERIFYING PLACEMENT (FIRST) / FIRST PLACEMENT				22-23. SIGNATURE		23-24. VERIFICATION TYPE DOCUMENTATION UPLOADED		24-25. DATE PLACEMENT VERIFIED	
								MO	DAY
								YEAR	
25. JOB, SCHOOL, MILITARY OR NOT PLACED INFORMATION (SECOND) / 26. SECOND PLACEMENT INFORMATION: SECOND FULL-TIME / PART-TIME JOB or JOB/SCHOOL COMBINATION PLACEMENT									
A. ONET SOC	B. TPA for Job	C. Hours /	D. Hourly	E. Job Title	F. JFM Job Description			G. JTM	



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		Credits	Wage			
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26.27. SECOND PLACEMENT INFORMATION: EMPLOYER, SCHOOL, OR INSTITUTIONAL TRAINING PROGRAM (SECOND)				27. NON-PLACER STUDENT PLACED BY:	
A. Employer of Institution Name		B. POC Name	F.C. Email	D. Area Code & Phone No.	
B. Number and Street, Employer's or Institution's Address				E.F. Fax No.	
G. Web Site Staffing Agency Name		H. POC Name	I. Email	J. Phone	
K. Staffing Agency Address				L. Fax No.	
Was Student Placed by-NTC?					

28.29. SECOND PLACEMENT INFORMATION: VERIFICATION (SECOND)					
A. CONFIRMATION OF PLACEMENT / SELF-EMPLOYMENT STATUS				C. DATE STUDENT REPORTED	
Placement Agency Name	POC Name	Title	Phone No.	MO	DAY
Year					
B. OTHER/COMMENTS				D. DATE STUDENT PLACED	
MO	DAY	YEAR			

29.30. NAME AND TITLE OF OFFICIAL VERIFYING SECOND PLACEMENT (SECOND)		30.31. SIGNATURE	31.32. VERIFICATION-TYPE VERIFICATION DOCUMENTATION UPLOADED	32.33. DATE PLACEMENT VERIFIED	
MO	DAY	YEAR			

34. APPROVING PLACEMENT				35. DATE PLACEMENT APPROVED	
A. NAME AND TITLE OF OFFICIAL APPROVING PLACEMENT		B. SIGNATURE		MO	DAY
Year					

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