



Career Transition System

U.S. Department of Labor
Employment and Training Administration

OMB Approval No.: 1205-0035

Expiration Date: xx/xx/xxxx

JOB CORPS PLACEMENT RECORD

1. STUDENT ID	2A. LAST NAME	2B. FIRST NAME	2C. MI	3. SEX	4A. HOME PHONE
4B. CELL PHONE	4C. ALTERNATE PHONE	5A. STREET ADDRESS, CITY, STATE, ZIPCODE			5B. PERSONAL EMAIL

6. SEPARATION DATE	7. DATE OF BIRTH	8. CENTER	9. ACADEMIC ATTAINMENT:	10. CTT COMPLETION	11. SEPARATION STATUS
MO DAY YEAR	MO DAY YEAR				

12. STUDENT'S CAREER TECHNICAL TRAINING (CTT)			
A. E-TAR CODE	B. CTT PROGRAM TITLE	C. TRAINING PROGRAM AREA (TPA)	D. TRAINING PROVIDER

13. STUDENT'S PLACEMENT STATUS			14. CTS AGENCY:	15. CTS CODE:
PLACEMENT STATUS:		NON PLACED STATUS:		
One Full Time Job	College	Not Placed - Not Seeking Placement		
Two Full Time Jobs	Registered Apprentice Full Time Job	Not Placed - Seeking Placement		
One Part Time Job	Other Training Program	Not Placed - Reentered Job Corps		
Two Part Time Jobs	OJT/Paid Employment	Not Placed - Family Obligations		
Armed Forces	Post-Secondary School/Training	Not Placed - Other Reasons		
Full Time Job/College Combo	High School Diploma (HSD) Program	Not Placed - Referred to One-Stop Center		
Part Time Job/College Combo	High School Equivalency (HSE) Program	Not Placed - Cannot Locate		
16. PLACEMENT TYPE:				

17. FIRST PLACEMENT INFORMATION: JOB, SCHOOL, MILITARY							
A. Registered Apprenticeship	B. ONET SOC Code	C. TPA for Job	D. Hours / Credits / Duration	E. Hourly Wage	F. Job Title	G. Job Description	H. JTM

18. FIRST PLACEMENT INFORMATION: EMPLOYER, SCHOOL, OR INSTITUTIONAL TRAINING PROGRAM				19. STUDENT PLACED BY:			
A. Employer or Institution Name	B. POC Name	C. Email	D. Phone				
E. Employer's or Institution's Address			F. Fax No.				
G. Staffing Agency Name	H. POC Name	I. Email	J. Phone	20. ADVANCED CAREER TRAINING (ACT)			
K. Staffing Agency Address			L. Fax No.	Did ACT student continue in college?			

21. FIRST PLACEMENT INFORMATION: VERIFICATION							
A. CONFIRMATION OF PLACEMENT				C. DATE STUDENT REPORTED			
Placement Agency Name	POC Name	Title	Phone	MO	DAY	YEAR	
B. OTHER/COMMENTS				D. DATE STUDENT PLACED			
				MO	DAY	YEAR	

22. NAME AND TITLE OF OFFICIAL VERIFYING FIRST PLACEMENT	23. SIGNATURE	24. VERIFICATION DOCUMENTATION UPLOADED	25. DATE PLACEMENT VERIFIED		
			MO	DAY	YEAR

26. SECOND PLACEMENT INFORMATION: SECOND FULL-TIME / PART-TIME JOB or JOB/SCHOOL COMBINATION PLACEMENT						
A. ONET SOC	B. TPA for Job	C. Hours / Credits	D. Hourly Wage	E. Job Title	F. Job Description	G. JTM



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27. SECOND PLACEMENT INFORMATION: EMPLOYER, SCHOOL, OR INSTITUTIONAL TRAINING PROGRAM				27. NON-PLACER 28. STUDENT PLACED BY:
A. Employer of Institution Name	B. POC Name	C. Email	D. Phone	
E. Employer's or Institution's Address			F. Fax No.	
G. Staffing Agency Name	H. POC Name	I. Email	J. Phone	
K. Staffing Agency Address			L. Fax No.	

29. SECOND PLACEMENT INFORMATION: VERIFICATION					
A. CONFIRMATION OF PLACEMENT STATUS				C. DATE STUDENT REPORTED	
Placement Agency Name	POC Name	Title	Phone	MO	DAY
B. OTHER/COMMENTS				D. DATE STUDENT PLACED	
				MO	DAY

30. NAME AND TITLE OF OFFICIAL VERIFYING SECOND PLACEMENT	31. SIGNATURE	32. VERIFICATION DOCUMENTATION UPLOADED	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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