

Employment Navigator Data Entry Layout

| Element Number | Element Name | Description |
|----------------|------------------------------------|---|
| 1 | Placed into Employment | Input whether the participant was placed into employment, into an apprenticeship program, or referred to another organization for employment placement. |
| 2 | Job Placement Referral Entity | If the participant was referred to another entity for job placement, indicate the entity name |
| 3 | Hourly Wage | If the participant was placed into employment or an Apprenticeship program, indicate the starting wages per hour. |
| 4 | Job Training | Input whether the participant was placed into an occupational employment training program or was referred to another organization for training. |
| 5 | Job Training Referral Entity | If the participant was referred to another entity for job training, indicate the entity name. |
| 6 | Supportive Services | Input whether the participant directly received wrap-around services, including but not limited to: housing assistance, logistics and transportation, recreation/fitness, child care, or financial aid or was referred to another organization for any of these services. |
| 7 | Supportive Service Referral Entity | If the participant was referred to another entity for any of the wrap-around services mentioned above, indicate the entity name. |
| 8 | Mentorship Services | Input whether the participant directly received mentoring services or was referred to another organization for this service. |

9 Mentorship Services Referral Entity If the participant was referred to another entity for mentoring services, indicate the entity name.

10 Networking Input whether the participant was directly introduced to an employment-related network or was referred to another organization for this service.

11 Networking Referral Entity If the participant was referred to another entity for networking purposes, indicate the entity name.

12 Hiring Events Conducted Indicate if the participant was referred to a job fair or hiring event

13 Number of Employers at Event If the participant was referred to a job fair or hiring event, indicate the estimated number of employers to attend the event.

Data Type Codes: AN = Alpha-Numeric; IN = Integer; Number behind code represents the overall le

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing the collection of information, and reviewing the collection of information. The obligation to respond to this collection of information is required to support the performance of a specific function of the Department of Labor, 200 Constitution Ave., NW, Washington, DC 20210 or email murren.luke@dol.gov and refer to the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden.

| Valid Values | Data Type/Field Length |
|--------------|------------------------|

1 = Yes
 2 = Apprenticeship
 3 = Referred to another entity
 Blank = Not employed or unknown IN1

XXXXXX AN50

\$XXX.XX IN5

1 = Yes, program that leads to an industry recognized credential or certificate
 2 = Yes, program that does not include an industry recognized credential or certificate
 0 = No
 3 = Referred to another entity IN1

XXXXXX AN50

1 = Yes
 0 = No
 2 = Referred to another entity IN1

XXXXXX AN50

1 = Yes
 0 = No
 2 = Referred to another entity IN1

XXXXXX AN50

1 = Yes
0 = No
2 = Referred to another entity IN1

XXXXXX AN50

1 = Yes, referred to a job fair or hiring event sponsored by my organization
2 = Yes, referred to a job fair or hiring event not sponsored by my organization
0 = Not referred to a job fair or hiring event IN1

XXXXXX IN5

length allowable for the field.

tion of information unless such collection
; estimated to average 0.20 hours per response,
ng the data needed, and completing and
obtain or retain benefit. Send comments regarding
reducing this burden, to the U.S. Department of
ference the OMB Control Number 1205-0NEW.