



**JOB CORPS GRANTEE DATA COLLECTION: APPLICANT DATA**

Program Name: \_\_\_\_\_ Provider: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

*Last*

*First*

*Middle*

Applicant ID: \_\_\_\_\_ SSN: \_\_\_\_\_

Date Application Completed: \_\_\_\_\_ Most Recent Date Application Modified: \_\_\_\_\_

**APPLICANT PRIMARY ADDRESS:**

STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**APPLICANT DEMOGRAPHICS:**

DOB: \_\_\_\_\_ GENDER:  Male  Female  Did Not Self-Disclose

ETHNICITY:  Hispanic/Latino  Not Hispanic/Latino  Did not self-identify

RACE: (select all that apply)  American Indian / Alaska Native  Asian  White

Native Hawaiian / Other Pacific Islander  Black /African American  Did not self-identify

**ACADEMIC AND EMPLOYMENT BACKGROUND AT TIME OF APPLICATION:**

HIGHEST SCHOOL GRADE COMPLETED: \_\_\_\_\_

HIGHEST EDUCATIONAL LEVEL COMPLETED:  None  HSD  HSE  Certificate of Attendance/Completion of IEP

Some Post-secondary  AA/AS  Post-secondary Technical/Vocational Certificate  Other: \_\_\_\_\_

FILED UNEMPLOYMENT COMPENSATION CLAIM AND IS ELIGIBLE FOR BENEFITS:  YES  NO

Referral by: (select one)  RESEA  WPRS  Other: \_\_\_\_\_

Exhausted Benefits  Exempt from Work Search Requirements

**RECEIVED PUBLIC ASSISTANCE IN LAST SIX MONTHS: (select all that apply)**

Temporary Assistance for Needy Families (TANF)  SSI  SSDI  TICKET TO WORK HOLDER

General Assistance (GA) (State/local government) or Refugee Cash Assistance (RCA)  None

**ADDITIONAL YOUTH CHARACTERISTICS AT PROGRAM APPLICATION: (select all that apply)**

Foster Care  Homeless  Runaway Youth  Low income Status

English Language Learner  Basic Skills Deficient/Low Levels of Literacy

Cultural Barriers:  Yes  No  Did Not Self-Disclose Single Parent:  Yes  No  Did Not Self-Disclose

**MILITARY EXPERIENCE:**

SERVED OR SERVING ON ACTIVE DUTY IN U.S. ARMED FORCES:  YES  NO  DID NOT SELF-DISCLOSE

DATE OF SEPARATION: \_\_\_\_\_

LENGTH OF SERVICE:

Served 180 days or less on active duty  Served more than 180 days on active duty

**SERVICE TYPE:**

Served on active duty during war/campaign/expedition, **and**  Served as part of a reserve component

**DISCHARGE TYPE:**  Honorable  Other Than Honorable  General  Bad Conduct  
 Dishonorable  Other: \_\_\_\_\_

**OTHER:** (select all that apply)

- Discharged from active duty for a service-connected disability
- Entitled to compensation regardless of rating (including 0%), or entitled but receives military retirement pay, under laws administered by DVA
- Entitled to compensation, or entitled but receives military retirement pay, under laws administered by DVA for a disability rated at (i) 30% or more OR (ii) 10% or 20% if determined to have a serious employment handicap
- Homeless veteran

**CURRENTLY SERVING IN U.S. ARMED FORCES AND IS WITHIN 12 MONTHS OF SEPARATION OR 24 MONTHS OF RETIREMENT:**  YES  NO

**APPLICANT'S SPOUSE SERVED ON ACTIVE DUTY IN U.S. ARMED FORCES:**  YES  NO

- Spouse died on active duty or of service-related disability
- Spouse missing in action for 90 or more days at time of application OR Spouse captured in line of duty by hostile force, or forcibly detained/interned in line of duty by foreign government or power for 90 or more days at time of application
- Spouse has a total, permanent disability from a service-connected disability or died with such a disability

**DISABILITY STATUS:**

**APPLICANT DISCLOSED A DISABILITY:**  YES  NO  DID NOT SELF-DISCLOSE

**DISABILITY TYPE:** (select all that apply)  Physical/Chronic Health Condition  Physical/Mobility Impairment  
 Mental or Psychiatric Disability  Vision-related disability  Hearing-related disability  
 Learning Disability  Cognitive/Intellectual disability  Applicant did not disclose type of disability

**APPLICANT RECEIVED SERVICES FUNDED BY:** (select all that apply)

SDDA  LSMHA  State Medicaid HCBS Waiver  No Services Funded By These Sources

**TYPE OF WORK SETTING:** (select all that apply)

- Working in competitive, integrated employment (CIE)  Working in group supported employment
- Working in a sheltered workshop  Previously employed in supported employment  Not Currently Employed

**APPLICANT RECEIVED CUSTOMIZED EMPLOYMENT SERVICES (CES):**  YES  NO

**Type of CES:** (select one)

- Discovery assessment services
- Developed a customized employment search plan
- Employer negotiation services
- Secured employment as a result of receiving customized employment services and received extended support services

**FINANCIAL CAPABILITY:** (select all that apply)

Received benefit planning services  Received financial capability/asset development services  None

Public Burden Statement: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number and expiration date. Public reporting burden for this collection of information, which is required to obtain or retain benefits (29 USC 2881), is estimated to average 0.1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collection of information. This information collection is for program management and Congressional reporting purposes. 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, Office of Job Corps, Room N-4507, Washington D.C. 20210 (Paperwork Reduction Project 1205-0219).



**JOB CORPS GRANTEE DATA COLLECTION: ENROLLEE DATA**

Program Name: \_\_\_\_\_ Provider: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
*Last First Middle*

Applicant ID: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_ Date of Exit: \_\_\_\_\_

**EDUCATION SERVICES RECEIVED:**

ENROLLED IN: (select all that apply)  NONE  SECONDARY PROGRAM  POST-SECONDARY PROGRAM

PROGRAM #1: START DATE: \_\_\_\_\_ DATE CREDENTIAL ATTAINED: \_\_\_\_\_  
CREDENTIAL TYPE:  HSD  HSE  AA/AS  Other: \_\_\_\_\_

PROGRAM #2: START DATE: \_\_\_\_\_ DATE CREDENTIAL ATTAINED: \_\_\_\_\_  
CREDENTIAL TYPE:  HSD  HSE  AA/AS  Other: \_\_\_\_\_

PROGRAM #3: START DATE: \_\_\_\_\_ DATE CREDENTIAL ATTAINED: \_\_\_\_\_  
CREDENTIAL TYPE:  HSD  HSE  AA/AS  Other: \_\_\_\_\_

**ACADEMIC MILESTONES ACHIEVED:**

Date of Most Recent Transcript/Report Card From:

- post-secondary program with 12+ credit hours in a semester (FT) or over 2 semesters (PT) meeting state unit's academic standards. Date: \_\_\_\_\_
- secondary program meeting state unit's academic standards. Date: \_\_\_\_\_

**SCHOLARS GRANTS ONLY:** Total Academic Hours Earned since Program Start: \_\_\_\_\_

**TRAINING SERVICES RECEIVED:**

ENTERED TRAINING PROGRAM:  YES  NO

TRAINING # 1: TYPE: \_\_\_\_\_  
START DATE: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

TRAINING # 2: TYPE: \_\_\_\_\_  
START DATE: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

TRAINING # 3: TYPE: \_\_\_\_\_  
START DATE: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

**TRAINING-RELATED CREDENTIALS ATTAINED:**

*Record Industry-Recognized Credential or Certification, Certificate of Completion of a Registered Apprenticeship, or a State or Federal-recognized license attained during program enrollment*

Credential #1: DATE CREDENTIAL ATTAINED: \_\_\_\_\_  
TYPE:  Licensure  Certificate  Certification  Other: \_\_\_\_\_

Credential #2: DATE CREDENTIAL ATTAINED: \_\_\_\_\_  
TYPE:  Licensure  Certificate  Certification  Other: \_\_\_\_\_

Credential #3: DATE CREDENTIAL ATTAINED: \_\_\_\_\_  
TYPE:  Licensure  Certificate  Certification  Other: \_\_\_\_\_

**TRAINING MILESTONES ACHIEVED:**

Completed an exam that is required for a particular occupation: MOST RECENT DATE ACHIEVED: \_\_\_\_\_

Progress in attaining technical or occupational skills as evidenced by trade-related benchmarks such as knowledge-based exams. MOST RECENT DATE ACHIEVED: \_\_\_\_\_

A satisfactory or better progress report towards established milestones from an employer/training provider who is providing training (e.g., completion of on-the-job training (OJT), completion of one year of a registered apprenticeship program, etc.). MOST RECENT DATE ACHIEVED: \_\_\_\_\_

**EFL GAINS:**

**READING:**

CATEGORY OF ASSESSMENT:  ABE  ESL  NONE  
TEST TYPE:  TABE 11/12  CASAS  OTHER: \_\_\_\_\_  
DATE OF INITIAL TEST: \_\_\_\_\_ INITIAL TEST SCORE: \_\_\_\_\_ INITIAL TEST EFL \_\_\_\_\_  
DATE OF POST-TEST: \_\_\_\_\_ POST-TEST SCORE: \_\_\_\_\_ POST-TEST EFL \_\_\_\_\_

**MATH:**

CATEGORY OF ASSESSMENT:  ABE  ESL  NONE  
TEST TYPE:  TABE 11/12  CASAS  OTHER: \_\_\_\_\_  
DATE OF INITIAL TEST: \_\_\_\_\_ INITIAL TEST SCORE: \_\_\_\_\_ INITIAL TEST EFL \_\_\_\_\_  
DATE OF POST-TEST: \_\_\_\_\_ POST-TEST SCORE: \_\_\_\_\_ POST-TEST EFL \_\_\_\_\_

**OTHER:**

CATEGORY OF ASSESSMENT:  ABE  ESL  NONE  
TEST TYPE:  TABE 11/12  CASAS  OTHER: \_\_\_\_\_  
DATE OF INITIAL TEST: \_\_\_\_\_ INITIAL TEST SCORE: \_\_\_\_\_ INITIAL TEST EFL \_\_\_\_\_  
DATE OF POST-TEST: \_\_\_\_\_ POST-TEST SCORE: \_\_\_\_\_ POST-TEST EFL \_\_\_\_\_

**EXIT STATUS:**

**NON-SCHOLARS GRANTS ONLY:**  Graduate  Former Enrollee  Other: \_\_\_\_\_

**SCHOLARS GRANTS ONLY:**  Program Completer  Program Non-Completer

**EXIT REASON:**

Institutionalized  Health/Medical  Deceased  Reserve Forces called to Active Duty  
 Foster Care  Ineligible  Criminal Offender  None of the above

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U.S. Department Labor  
Employment and Training Administration

**JOB CORPS GRANTEE DATA COLLECTION: POST-SEPARATION DATA**

Program Name: \_\_\_\_\_ Provider: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Last

First

Middle

Applicant ID: \_\_\_\_\_ SSN: \_\_\_\_\_

**POST-SEPARATION PLACEMENT:**

Qualifying Student Placement (select one):

<input type="checkbox"/> One Full Time Job	<input type="checkbox"/> Registered Apprentice Full Time Job	<input type="checkbox"/> Other Training Program
<input type="checkbox"/> Two Full Time Jobs	<input type="checkbox"/> Full Time Job/College Combo	<input type="checkbox"/> OJT/Paid Employment
<input type="checkbox"/> One Part Time Job	<input type="checkbox"/> Part Time Job/College Combo	<input type="checkbox"/> High School Diploma (HSD) Program
<input type="checkbox"/> Two Part Time Jobs	<input type="checkbox"/> College	<input type="checkbox"/> High School Equivalency (HSE) Program
<input type="checkbox"/> Armed Forces	<input type="checkbox"/> Post-Secondary School/Training	<input type="checkbox"/> Not Placed

Job Training Match:  YES  NO

Date First Reported to Placement: \_\_\_\_\_ Hourly Wage at Placement: \$ \_\_\_\_\_.

Date Met Placement Hours/Wage/Credit Requirements: \_\_\_\_\_

Hourly Wage at Six Months After Placement:

**SCHOLARS GRANTS ONLY:**

\$ \_\_\_\_\_.

Hourly Wage at 12 Months After Placement: \$ \_\_\_\_\_.

**FIRST QUARTER AFTER EXIT:**

Type of Employment:

Military  Registered Apprenticeship  Other unsubsidized employment  Not employed

Date First Entered Employment: \_\_\_\_\_

Date Exited Employment (if applicable): \_\_\_\_\_

Data Source:

UI Wage Data  Federal Employment Records (OPM, USPS)  Military Employment Records (DOD)

Non-UI verification

Quarterly Earnings: \$ \_\_\_\_\_

Post-secondary Enrollment and Degree Attainment:

Enrolled in Post-Secondary Education/Training

Date Enrolled: \_\_\_\_\_

Attained HSD

Date Attained: \_\_\_\_\_

Attained HSE Date Attained: \_\_\_\_\_  
 Attained AA/AS Date Attained: \_\_\_\_\_

**SECOND QUARTER AFTER EXIT:**

**Type of Employment:**

Military  Registered Apprenticeship  Other unsubsidized employment  Not employed

**Date First Entered Employment:** \_\_\_\_\_

**Date Exited Employment (if applicable):** \_\_\_\_\_

**Data Source:**

UI Wage Data  Federal Employment Records (OPM, USPS)  Military Employment Records (DOD)  
 Non-UI verification

**Quarterly Earnings:** \$ \_\_\_\_\_

**Type of Education/Training program:**

None  Occupational Skills Training  Postsecondary Education  Secondary Education

**Start Date of Education/Training program:** \_\_\_\_\_

**Post-secondary Enrollment and Degree Attainment:**

Enrolled in Post-Secondary Education/Training Date Enrolled: \_\_\_\_\_  
 Attained HSD Date Attained: \_\_\_\_\_  
 Attained HSE Date Attained: \_\_\_\_\_  
 Attained AA/AS Date Attained: \_\_\_\_\_

**THIRD QUARTER AFTER EXIT:**

**Type of Employment:**

Military  Registered Apprenticeship  Other unsubsidized employment  Not employed

**Date First Entered Employment:** \_\_\_\_\_

**Date Exited Employment (if applicable):** \_\_\_\_\_

**Data Source:**

UI Wage Data  Federal Employment Records (OPM, USPS)  Military Employment Records (DOD)  
 Non-UI verification

**Quarterly Earnings:** \$ \_\_\_\_\_

**Post-secondary Enrollment and Degree Attainment:**

Enrolled in Post-Secondary Education/Training Date Enrolled: \_\_\_\_\_  
 Attained HSD Date Attained: \_\_\_\_\_  
 Attained HSE Date Attained: \_\_\_\_\_



Attained AA/AS

Date Attained: \_\_\_\_\_

**FOURTH QUARTER AFTER EXIT:**

**Type of Employment:**

Military     Registered Apprenticeship     Other unsubsidized employment     Not employed

**Date First Entered Employment:** \_\_\_\_\_

**Date Exited Employment (if applicable):** \_\_\_\_\_

**Data Source:**

UI Wage Data     Federal Employment Records (OPM, USPS)     Military Employment Records (DOD)  
 Non-UI verification

**Quarterly Earnings:** \$ \_\_\_\_\_

**Type of Education/Training program:**

None     Occupational Skills Training     Postsecondary Education     Secondary Education

**Start Date of Education/Training program:** \_\_\_\_\_

**Employed by Same Employer in Q2 and Q4:**  YES     NO

**Post-secondary Enrollment and Degree Attainment:**

Enrolled in Post-Secondary Education/Training    Date Enrolled: \_\_\_\_\_  
 Attained HSD    Date Attained: \_\_\_\_\_  
 Attained HSE    Date Attained: \_\_\_\_\_  
 Attained AA/AS    Date Attained: \_\_\_\_\_

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