



**U.S. Department of Labor**  
 Employment and Training Administration  
 Office of Job Corps

ETA FORM 678  
 OMB Control No. 1205-0035  
 Expiration Date:  
 7/31/2023

## Job Corps Placement Record

**Purpose:** The purpose of this form is to track, document, and verify a student's post-center placement after separating from Job Corps.


Personal Information	
<b>Full Legal Name:</b>	<b>Student ID:</b>
<b>Preferred Name:</b>	<b>Preferred Pronouns:</b>
<b>Sex:</b>	<b>Gender Identity:</b>
<b>Date of Birth:</b>	<b>Address:</b>
<b>Home Phone Number:</b>	<b>Cell Phone Number:</b>
<b>Alternate Phone Number:</b>	<b>Personal Email:</b>

On-Center Information	
<b>Center:</b>	<b>Academic Attainment:</b>
<b>Separation Status:</b>	<b>Separation Date:</b>
<b>CTT Completion</b>	<b>CTT Program Title:</b>
<b>E-TAR Code:</b>	<b>Training Program Area (TPA):</b>
<b>Training Provider:</b>	

Placement Status	
<b>CTS Agency:</b>	<b>CTS Code:</b>
<b>Placement Type:</b>	<b>Placement Status/Non-Placed Status:</b>


First Placement Information	
<b>Registered Apprenticeship:</b>	<b>Employer Number (RAPIDS):</b>
<b>Apprentice Number (RAPIDS):</b>	<b>RAPIDS Code (RAPIDS):</b>
<b>Occupation Title (RAPIDS):</b>	<b>Employer Name (RAPIDS):</b>
<b>ONET SOC Code:</b>	<b>ONET SOC Title:</b>
<b>Job Title:</b>	<b>Business License (if self-employed):</b>
<b>Hours/Credits/Duration:</b>	<b>Hourly Wage:</b>
<b>JTM:</b>	<b>Job Description:</b>
<b>Employer or Institution Name:</b>	<b>Employer ID:</b>
<b>Point of Contact (POC) Name:</b>	<b>POC Title:</b>


<b>Email:</b>	<b>Phone:</b>
<b>Fax Number:</b>	<b>Address:</b>
<b>Staffing Agency Name:</b>	<b>POC Name:</b>
<b>Email:</b>	<b>Phone:</b>
<b>Fax Number:</b>	<b>Address:</b>
<b>Student Placed By:</b>	

<b>First Placement Verification</b>	
<b>Placement Agency Name:</b>	<b>POC Name:</b>
<b>Title:</b>	<b>Phone:</b>
<b>Date Student Reported:</b>	<b>Date Student Placed:</b>
<b>Verification Documentation Uploaded?</b>	<b>Other/Comments:</b>
<b>Name and Title of Official Verifying First Placement:</b>	
<b>Signature:</b>  <hr style="border: 1px solid black;"/>	<b>Date Placement Verified:</b>

<b>Second Placement Information</b>	
<b>Registered Apprenticeship:</b>	<b>Employer Number (RAPIDS):</b>
<b>Apprentice Number (RAPIDS):</b>	<b>RAPIDS Code:</b>
<b>Occupation Title (RAPIDS):</b>	<b>Employer Name (RAPIDS):</b>
<b>ONET SOC Code:</b>	<b>ONET SOC Title:</b>
<b>Job Title:</b>	<b>Business License (if self-employed):</b>
<b>Hours/Credits/Duration:</b>	<b>Hourly Wage:</b>
<b>JTM:</b>	<b>Job Description:</b>
<b>Employer or Institution Name:</b>	<b>Employer ID:</b>
<b>POC Name:</b>	<b>POC Title:</b>
<b>Email:</b>	<b>Phone:</b>
<b>Fax Number:</b>	<b>Address:</b>
<b>Staffing Agency Name:</b>	<b>POC Name:</b>
<b>Email:</b>	<b>Phone:</b>
<b>Fax Number:</b>	<b>Address:</b>
<b>Student Placed By:</b>	

<b>Second Placement Verification</b>	
<b>Placement Agency Name:</b>	<b>POC Name:</b>
<b>Title:</b>	<b>Phone:</b>
<b>Date Student Reported:</b>	<b>Date Student Placed:</b>

<b>Verification Documentation Uploaded?</b>	<b>Other/Comments:</b>
<b>Name and Title of Official Verifying Second Placement:</b>	
<b>Signature:</b>  _____	<b>Date Placement Verified:</b>

<b>Placement Approval</b>	
<b>Name and Title of Official Approving Placement:</b>	
<b>Signature:</b>  _____	<b>Date Placement Approved:</b>

Paperwork Reduction Act Public Burden Statement: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 113-128). Public reporting burden is estimated to average 8 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 to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0035). Please do not submit completed forms to this address.