



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

ETA FORM 678
OMB Control No. 1205-
0035
Expiration Date:
05/31/2027

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	
Full Legal Name:	Student ID:
Preferred Name:	Address:
Sex:	Cell Phone Number:
Date of Birth:	Personal Email:
Home Phone Number:	Alternate Phone Number:

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

Placement Status	
CTS Agency:	CTS Code:
Placement Type:	Placement Status/Non-Placed Status:

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

Fax Number:	Address:
Staffing Agency Name:	POC Name:
Email:	Phone:
Fax Number:	Address:
Student Placed By:	

First Placement Verification	
Placement Agency Name:	POC Name:
Title:	Phone:
Date Student Reported:	Date Student Placed:
Verification Documentation Uploaded?	Other/Comments:
Name and Title of Official Verifying First Placement:	
Signature: 	Date Placement Verified:

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

Second Placement Verification	
Placement Agency Name:	POC Name:
Title:	Phone:
Date Student Reported:	Date Student Placed:
Verification Documentation Uploaded?	Other/Comments:

Name and Title of Official Verifying Second Placement:	
Signature: 	Date Placement Verified:

Placement Approval	
Name and Title of Official Approving Placement:	
Signature: 	Date Placement Approved:

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.