



JOB CORPS GRANTEE DATA COLLECTION: POST-SEPARATION DATA

Program Name: _____

Provider: _____

Applicant ID: _____

SSN: _____

POST-SEPARATION PLACEMENT:

Qualifying Student Placement:

<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 Placed: _____

Hourly Wage at Placement:
\$ _____.

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 of 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: \$ _____

Education Secondary/Post-secondary Degree:

Enrolled in Post-Secondary Education/Training
 Attained HSD
 Attained HSE
 Attained AA/AS

Date Enrolled: _____
Date Attained: _____
Date Attained: _____
Date Attained: _____

SECOND QUARTER AFTER EXIT:

Type of Employment:

- Military Registered Apprenticeship Other unsubsidized employment Not employed

Date of 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

Date of Education/Training program: _____

Education Secondary/Post-secondary Degree:

- | | |
|--|----------------------|
| <input type="checkbox"/> Enrolled in Post-Secondary Education/Training | Date Enrolled: _____ |
| <input type="checkbox"/> Attained HSD | Date Attained: _____ |
| <input type="checkbox"/> Attained HSE | Date Attained: _____ |
| <input type="checkbox"/> Attained AA/AS | Date Attained: _____ |

THIRD QUARTER AFTER EXIT:

Type of Employment:

- Military Registered Apprenticeship Other unsubsidized employment Not employed

Date of 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: \$ _____

Education Secondary/Post-secondary Degree:

- | | |
|--|----------------------|
| <input type="checkbox"/> Enrolled in Post-Secondary Education/Training | Date Enrolled: _____ |
| <input type="checkbox"/> Attained HSD | Date Attained: _____ |
| <input type="checkbox"/> Attained HSE | Date Attained: _____ |
| <input type="checkbox"/> Attained AA/AS | Date Attained: _____ |

FOURTH QUARTER AFTER EXIT:

Type of Employment:

- Military Registered Apprenticeship Other unsubsidized employment Not employed

Date of 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

Date of Education/Training program: _____

Employed by Same Employer in Q2 and Q4: YES NO

Education Secondary/Post-secondary Degree:

- | | |
|--|----------------------|
| <input type="checkbox"/> Enrolled in Post-Secondary Education/Training | Date Enrolled: _____ |
| <input type="checkbox"/> Attained HSD | Date Attained: _____ |
| <input type="checkbox"/> Attained HSE | Date Attained: _____ |
| <input type="checkbox"/> Attained AA/AS | Date Attained: _____ |

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).