

# Youth Employment Placement Form

**Participant Name:**

**Last 4 of Social:**

**Agency Name:**

**Submission Date:**

## **1. Training Provider**

-Training Program Name:

-Did they receive a certificate/credential? Yes ☐ No ☐

(If yes, select what was received): High School diploma/GED/Equivalent ☐ AA/AS Degree ☐

BA/BS Degree ☐ Occupational Skills License/Certificate or Credential ☐ Post Grad. Degree ☐

Other ☐

Date Received:

## **2. Entered Employment**

-Employer Name:

-Employer Address, City,  
State, & zip code:

-Employer Contact Name:

-Employer Phone Number:

-Employer Email Address:

## **3. Job/Occupation Information**

-Hours per week:

Hourly Wage:

Start date:

-Receiving Fringe Benefits: Yes ☐ No ☐

-Covered by Unemployment Compensation: Yes ☐ No ☐

-Entrepreneurial and/or Self Employment: Yes ☐ No ☐

-Registered Apprenticeship: Yes ☐ No ☐

-Active Military Service: Yes ☐ No ☐

-Is this considered Non-Traditional Employment? Yes ☐ No ☐

-Is this considered Training Related Employment? Yes ☐ No ☐ Training did not impact Job-Specific skills ☐ Relationship of employment to training cannot be determined ☐

**Case Manager Signature:**