|  |  |  |
| --- | --- | --- |
| AV#: | (7 digits) | Click to enter |
| ACCES-VR ID#: | (6 digits) | Click to enter |
| CAMS ID #: | (10 digits) | Click to enter |



**Job Placement Services**

**Check Appropriate Box:**

**931X-Job Placement**

**936X-Job Placement (Deaf Service)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| VR District Office: | Click to enter | Vendor: | Click to enter | | |
| VRC Name: | Click to enter | NYS Fiscal System ID: | | | Click to enter |
|  | | Report Date: | | Click to enter | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participant First Name: | Click to enter | | Participant Last Name: | Click to enter |
| Participant Phone Number: | | Click to enter | | |
| Participant Email Address: | | Click to enter | | |

**Placement Information** (When available, please attach participant’s employer hire letter)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | | | | |
| Job Title: | Click to enter | | | | | | | | | | |
|  |  | | | | | | | | | | |
| Business Name (Employer): | Click to enter | | | | | | | | | | |
|  |  | | | | | | | | | | |
| Business Address: | Click to enter | | | | | | | | | | |
|  |  | | | | | | | | | | |
| Start Date of Employment: | Click to enter | | | | | | | | | | |
|  |  | | | | | | | | | | |
| First Three Days of Actual Work: | | | 1. | | Click to enter | | | 2. | Click to enter | 3. | Click to enter |
|  |  | | | | | | | | | | |
| **Work Schedule/Hours:** | Click to enter | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Wages:** | Click to enter | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Job Duties:** | Click to enter | | | | | | | | | | |
|  |  |  | |  |  |  |  | | | | |
| **Medical Benefits:** |  |  | |  | Yes |  | No | | | | |
|  |  |  | |  |  |  |  | | | | |
| **Other Benefits:** | Click to enter | | | | | | | | | | |
| **Comments/Other information:**  (If a prior 931X was completed please include that information) | | | | | | | | | | | |
| Click to enter | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I hereby certify that the information submitted on this report is true and correct.** | | | | |
|  | |  | Click to enter | |
| Qualified Staff Signature | |  | Date |  |
| Click to enter | |  | Click to enter | |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |

**I hereby certify that the information submitted on this report is true and correct.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  | Click to enter | |
| Participant Signature | |  | Date |  |
| Click to enter | |  |
| Printed Name |  |  |