

Pre-Placement Information Form

Individual's Name: _____ Contractor Name: _____

Vocational Goal from IPE: _____

Employer (Business Name): _____

Address: _____
Street Address City State Zip Code

Employer Contact: _____ Phone Number: _____
First & Last Name Include Area Code

Individual's Job Title: _____ Start Date: _____

Starting Hourly Wage: _____ Total Hours per Week: _____

Current Contract: **CE** **SE** **ER** **JP** **JOBS** **SES**

Weekly Work Goal on IPE: _____

Benefits Available: Health Insurance Sick Leave Vacation Retirement/401K

Other: _____

Brief Description of Job Duties/Tasks:

Client Needs: (e.g. clothing, transportation, accommodations, such as supports, interpreter, task lists, etc.)

Confirmation the job has been accepted: YES NO

DRS Counselor: _____ ESS TA: _____

EC Name: _____ Date: _____

INSTRUCTIONS: Email to DRS Counselor, ESS TA and save in Files.