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APPENDIX B TO PART 77—DD FORM 2581, OPERATION TRANSITION EMPLOYER REGISTRATION

OPERATION TRANSITION EMPLOYER REGISTRATION

Form Approved
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Public reporting burden for this collection of information is estimated to average 15 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 or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0324), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES ABOVE.

RETURN COMPLETED FORM TO: DMDC, ATTENTION: OPERATION TRANSITION, BOX 100, FORT ORD, CA 93941-0100

1. ORGANIZATION NAME AND ADDRESS *(Include 9-digit ZIP Code)*	**2. EMPLOYMENT CONTACT ADDRESS** *(If different from Item 1) (Include 9-digit ZIP Code)*
3. ORGANIZATION CONTACT	**4. EMPLOYMENT CONTACT** *(If different from Item 3)*
5. ORGANIZATION TELEPHONE NUMBER	**6. EMPLOYMENT CONTACT TELEPHONE NUMBER** *(If different from Item 5)*
7. FAX TELEPHONE NUMBER	**8. FAX ROUTING ADDRESS**
9. HOW DID YOU HEAR ABOUT OPERATION TRANSITION?	**10. IS YOUR ORGANIZATION A** *(Check one)* ☐ **a. Private Sector Employer** ☐ **b. Public or Community Service Employer**

11. TYPES AND LOCATIONS OF POSITIONS IN ORGANIZATION LIKELY TO BE AVAILABLE *(Briefly describe)*

12. PROCEDURES FOR APPLYING FOR AVAILABLE POSITIONS *(Please indicate if you do not wish to receive unsolicited resumes)*

13a. SIZE OF ORGANIZATION	**13b. MAJOR FUNCTION/BUSINESS ACTIVITY OF ORGANIZATION**

14a. IS YOUR ORGANIZATION INVOLVED IN *(Check applicable block(s))*		**14b. ARE YOUR POSITION(S)**	**14c. IS AN INVESTMENT OR FEE NECESSARY**
☐ **(1) Placement Services**	☐ **(4) Franchise Operations**	☐ **(1) Commission only**	☐ **(1) YES** ☐ **(2) NO**
☐ **(2) Direct Marketing**	☐ **(5) None of the above**	☐ **(2) Salary only**	**(3) IF YES, SPECIFY AMOUNT**
☐ **(3) Multi-level Marketing**		☐ **(3) Combination of commission and salary**	$

15. AGREEMENT

I understand this agreement covers the use of Operation Transition automated systems including the Defense Outplacement Referral System (DORS), the Public and Community Service (PACS) Personnel Registry, and the Transition Bulletin Board (TBB). I hereby agree to use the DORS and PACS Personnel Registry only for employment purposes at no charge to the individual. I also agree not to use the DORS and PACS Personnel Registry to develop mailing lists or to promote business opportunities such as franchise or direct or multi-level marketing operations.

I certify that the information provided is true, accurate, and complete. I acknowledge that any false statement may be punishable pursuant to Title 18 U.S.C. Section 1001.

16. SIGNATURE	**17. DATE (YYMMDD)**

GOVERNMENT USE ONLY

18. REGISTRATION NUMBER	**19. CLERK**	**20. DATE (YYMMDD)**

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INSTRUCTIONS FOR COMPLETING DD FORM 2581

1. ORGANIZATION NAME AND ADDRESS. Enter your organization name and address exactly as you would like it to appear on information mailed to you. P.O. Boxes not preferred.

2. EMPLOYMENT CONTACT ADDRESS. Enter the address of your Human Resources Department *(if different from item 1)*.

3. ORGANIZATION CONTACT. Enter the name of the individual who will serve as organizational contact to Operation Transition.

4. EMPLOYMENT CONTACT. Enter the name of an individual in your Human Resources Department who can answer specific questions on employment and positions available *(if different from item 3)*.

5. ORGANIZATION TELEPHONE NUMBER. Enter the area code and telephone number for your organization. Please enter a direct line or voice mail, if available.

6. EMPLOYMENT CONTACT TELEPHONE NUMBER. Enter the area code and telephone number for your employment contact *(if different from item 5)*. Please enter a direct line or voice mail, if available .

7. FAX TELEPHONE NUMBER. Enter the area code and telephone number of your FAX machine.

8. FAX ROUTING ADDRESS. Enter any additional information that may be needed on the FAX cover sheet.

9. HOW DID YOU HEAR ABOUT OPERATION TRANSITION. List the source(s) where you first heard about Operation Transition.

10. IS YOUR ORGANIZATION A... Check the appropriate box: a. Private Sector employers are those who operate on a "for profit" basis. b. Public Service Employers are local, state, or federal governmental entities. Community Service Employers are certified non-profit organizations or associations.

11. TYPES AND LOCATIONS OF POSITIONS IN ORGANIZATION LIKELY TO BE AVAILABLE. Briefly describe the positions *(job types or titles)* and the location of the positions which may be available for employment referrals.

12. PROCEDURES FOR APPLYING FOR AVAILABLE POSITIONS. Briefly describe how the applicants should apply for available positions.

13a. SIZE OF ORGANIZATION. Briefly describe size *(number of personnel, branch offices, etc.)* of your organization.

13b. MAJOR FUNCTION/BUSINESS ACTIVITY OF ORGANIZATION. Briefly describe the major business activities *(financial consulting, food processing, etc.)* of your organization.

14a. IS YOUR ORGANIZATION INVOLVED IN... Please indicate if your organization is involved in these activities. Specific services are available. If none of the above applies check box "5."

14b. ARE YOUR POSITION(S)... Indicate if the compensation for these positions is commission only, salary only, or commission and salary combined.

14c. IS AN INVESTMENT OR FEE NECESSARY. Indicate if acceptance of the position requires a monetary outlay by the applicant. This includes: membership fees, agency fees, start-up kits, inventory investments, or tuition. If yes, specify the amount the applicant would be expected to pay.

15. AGREEMENT. Your signature in item 16 indicates acceptance of the agreement in this item.

Please make certain that all items above have been completed in their entirety. Sign and date the form in items 16 and 17.

MAIL OR FAX THE COMPLETED FORM TO:

DMDC
ATTENTION: Operation Transition
Box 100
Fort Ord, CA 93941-0100
FAX: (408) 656-2132

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