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APPENDIX A TO PART 77—DD FORM 2580, OPERATION TRANSITION DEPARTMENT OF DEFENSE

OUTPLACEMENT AND REFERRAL SYSTEM/PUBLIC AND COMMUNITY SERVICE INDIVIDUAL APPLICATION

OPERATION TRANSITION
DEPARTMENT OF DEFENSE OUTPLACEMENT AND REFERRAL SYSTEM/ PUBLIC AND COMMUNITY SERVICE INDIVIDUAL APPLICATION

Form Approved
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PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES.
RETURN COMPLETED FORM TO YOUR LOCAL MILITARY TRANSITION OFFICE.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1143, 1144; EO 9397.

PRINCIPAL PURPOSE(S): To assist separating DoD personnel and their spouses in securing employment. Individuals participating in the Defense Outplacement Referral System (DORS) and Public and Community Service Registry will have their employment skills included in a data base designed to link prospective employers with DORS and Public and Community Service applicants.

ROUTINE USE(S): To public and private employers (including Federal, State, and local employment agencies and outplacement agencies, public and community service agencies).

DISCLOSURE: Voluntary; however, failure to provide all requested information will result in applicant data not being included in the system.

If you are an active duty Servicemember, the following information will be added to your job referral form from your official military personnel records, if available: Rank, Years of Service, Most Recent Primary Occupation, and Branch of Service and Security Clearance. Information on race, ethnic background, sex, age, marital status, and religious preference will not be released to employers. Operation Transition is an equal opportunity program *(Completion of questions pertaining to the DORS program is voluntary.)*.

SECTION I - TO BE FILLED OUT BY ALL APPLICANTS *(Print or Type)*

1. REGISTRATION REQUEST *(Check all that apply)*
☐ DORS ONLY ☐ PUBLIC AND COMMUNITY SERVICE ONLY ☐ BOTH

2a. NAME *(Last, First, Middle Initial)*

2b. SOCIAL SECURITY NUMBER

3. DATE AVAILABLE FOR WORK *(YYMMDD)*

4. FILING STATUS *(X all that apply)*
a. MILITARY *(Branch of Service)*
☐ (1) Army ☐ (3) Marine Corps
☐ (2) Navy ☐ (4) Air Force
☐ **b. SPOUSE OF ACTIVE DUTY MILITARY OR CIVIL SERVICE EMPLOYEE**
☐ **c. CIVIL SERVICE EMPLOYEE**

5. U.S. CITIZEN *(X one)*
☐ YES ☐ NO

6. ADDRESS *(For next 6 months)* *(Street, City, State, Country, and Zip Code)* **AND TELEPHONE NUMBER** *(Include Area Code)*

a. ADDRESS LINE 1

f. COUNTRY CODE

b. ADDRESS LINE 2

g. FOREIGN ZIP CODE

c. CITY

h. U.S. TELEPHONE NUMBER

d. STATE

e. U.S. ZIP CODE

i. FOREIGN TELEPHONE NUMBER

7a. JOB TYPE PREFERENCES *(See Instructions for job codes)* *(Enter one digit per block)*

b. INCLUDE MAJOR DUTIES ON RESUME? *(X one)*
☐ Yes
☐ No

8. REGIONAL WORK PREFERENCE *(See Instructions)* *(Enter one digit per block)*

9. SPECIFIC WORK PREFERENCES *(Nearest large town or city within commuting distance - does not have to be in region)*

	a. STATE	b. CITY
(1)		
(2)		

10. HIGHEST EDUCATION LEVEL ACHIEVED *(X one)*

☐ a. Non-High School Graduate
☐ b. High School Graduate or GED
☐ c. Less than 2 years of college
☐ d. Associate Degree or equivalent
☐ e. Less than 4 years of college
☐ f. Bachelor's Degree
☐ g. Post Bachelor's Degree
☐ h. Master's Degree
☐ i. Post Master's Degree
☐ j. Doctorate Degree

11. YEAR ACHIEVED

12. SUBJECT OF DEGREE *(If applicable)*

13. COLLEGE / UNIVERSITY FROM WHICH DEGREE ACHIEVED *(If applicable)*

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14. PERSONAL INFORMATION *(See Instructions). (Please provide no more than 10 lines (76 spaces per line; maximum of 760 spaces). Database limitations do not permit entering additional personal information.)*

SAMPLE

SECTION II - SPOUSE
(Military Member - Go to Section III)

15. SPONSOR DATA

a. NAME *(Last, First, Middle Initial)*	b. SOCIAL SECURITY NUMBER

16. YOUR JOB HISTORY *(See Instructions for job codes) (Enter one digit per block)*

	a. JOB CODE	b. LENGTH OF TIME JOB HELD	
(1) CURRENT JOB		YEARS	MONTHS
(2) PRIOR JOB		YEARS	MONTHS
(3) PRIOR JOB		YEARS	MONTHS

17. HAVE YOU EVER HELD A SUPERVISORY POSITION? *(X one)*
☐ YES ☐ NO

18. HAVE YOU EVER HELD A SECURITY CLEARANCE? *(X one)*
☐ YES ☐ NO

SECTION III - ALL APPLICANTS MUST READ AND SIGN

19. AUTHORIZATION

I hereby authorize release of the data on this form to civilian agencies and / or private organizations for employment purposes. If I am a civil service employee or an active duty service member, I also authorize the release of data from extracts of my computerized personnel records.

a. SIGNATURE	b. DATE SIGNED *(YYMMDD)*

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DETAILED INSTRUCTIONS

SECTION I - TO BE FILLED OUT BY ALL APPLICANTS

If you are a service member, complete Items 1 through 14 and Item 19 in their entirety. You do not need to fill out Items 15 through 18. They will be extracted from your personnel records. It is important that you verify the accuracy of these records prior to entering this program to ensure that the information that is put on your resume is accurate. If you are a spouse, you must complete all items on the form.

Item 1. Place an X next to the program(s) you wish to register for. If you selected the early retirement option, you must X Public and Community Service or both.

Item 2a. Name. Print / type your name, last name first.

Item 2b. SSN. Enter your Social Security Number.

Item 3. Date Available for Work. Enter the date you will be available for work as year, month, day (YYMMDD). Availability should not be beyond 6 months from the current date.

Item 4. Filing Status. Place an X in the box that applies.

Item 5. Citizenship. If you are a U.S. citizen, X the YES box. If not, X the NO box.

Item 6. Address and Telephone Number. Print/type the address and telephone number where you can be contacted during the next three months.

Item 7. a. Job Type Preferences. Enter up to three codes from the Guideline of Standard Occupation Classification (SOC) Codes, FIPS Pub 92, that most closely match(es) the type of job(s) you are seeking/qualified to perform.

b. If you select yes, your primary occupational description will be included in your resume. Select no if you do not want your primary occupational description included.

Item 8. Regional Work Preference. Refer to the regional preference list below, and enter the two-digit code for the geographical area in which you are seeking employment.

REGION 0
Only the specific cities selected

REGION 1
Connecticut
Maine
Massachusetts
New Hampshire
Rhode Island
Vermont

REGION 2
Delaware
New Jersey
New York
Pennsylvania

REGION 3
District of Columbia
Maryland
North Carolina
South Carolina
Virginia
West Virginia

REGION 4
Alabama
Florida
Georgia
Mississippi
Puerto Rico
Tennessee
Virgin Islands

REGION 5
Indiana
Kentucky
Michigan
Ohio

REGION 6
Iowa
Minnesota
Montana
North Dakota
South Dakota
Wisconsin

REGION 7
Illinois
Kansas
Missouri
Nebraska

REGION 8
Arkansas
Louisiana
Oklahoma
Texas

REGION 9
Arizona
Colorado
Idaho
Nevada
New Mexico
Utah
Wyoming

REGION 10
California
Oregon
Washington

REGION 11
Alaska

REGION 12
American Samoa
Hawaii
Guam

REGION 13
Anywhere in the U.S.A.

REGION 14
Outside the U.S.A.

REGION 15
Anywhere

Item 9. Specific Work Preferences. Enter your first and second work location preferences. Refer to the list below and enter the two-letter abbreviation for the state and print / type the name of the largest city within commuting distance of where you want to work for your first and second work preferences. These cities do not have to be in the region chosen in Item 8.

STATE	CODE	STATE	CODE	STATE	CODE
Alabama	AL	Kentucky	KY	North Dakota	ND
Alaska	AK	Louisiana	LA	Ohio	OH
Arizona	AZ	Maine	ME	Oklahoma	OK
Arkansas	AR	Maryland	MD	Oregon	OR
California	CA	Massachusetts	MA	Pennsylvania	PA
Colorado	CO	Michigan	MI	Rhode Island	RI
Connecticut	CT	Minnesota	MN	South	
Delaware	DE	Mississippi	MS	Carolina	SC
District of		Missouri	MO	South Dakota	SD
Columbia	DC	Montana	MT	Tennessee	TN
Florida	FL	Nebraska	NE	Texas	TX
Georgia	GA	Nevada	NV	Utah	UT
Hawaii	HI	New		Vermont	VT
Idaho	ID	Hampshire	NH	Virginia	VA
Illinois	IL	New Jersey	NJ	Washington	WA
Indiana	IN	New Mexico	NM	West Virginia	WV
Iowa	IA	New York	NY	Wisconsin	WI
Kansas	KS	North Carolina	NC	Wyoming	WY

Item 10. Highest Education Level Achieved. X the box which most closely matches your highest education level achieved.

Item 11. Year Achieved. Enter the year you achieved Item 10.

Item 12. Subject of Degree. Print/type the degree achieved (if applicable) in Item 10 (e.g. BS, Mechanical Engineering; BA, Western Civilization; MS, Physics; etc.).

Item 13. College/University. Print/type the name of the college/ university where Item 10 was obtained if applicable.

Item 14. Personal Information. Print/type in this space any information about yourself you feel would help you obtain a job in the field you are searching. All information in this space will be printed verbatim on your DORS resume. If you are seeking a job in a field other than your primary military duty this information is the most important since it will comprise a majority of your resume. Carefully choose your words and grammar.

Examples:
- Fluent in Chinese, Russian and Spanish
- Virginia State licensed electrician
- 14 years experience in personnel management
- Owned personal computer training business, Jones Computer Training
- American Society of Mechanical Engineers member

SECTION II - SPOUSE

This section is to be completed only by spouses of military and DoD civilians whose personnel files are not kept by the government.

Item 15. Sponsor Data.

a. Name. Print/type your sponsor's name, last name first.

b. SSN. Enter your sponsor's Social Security Number.

Item 16. Your Job History.

a. Job Codes. Consult the Guideline for Standard Occupational Classification (SOC) Codes, FIPS Pub 92, and enter the job codes that most closely match the previous three jobs you held.

b. Length of Time Job Held. Enter the number of years and months the job was held (03 years, 09 months).

Item 17. Supervisory Experience. If you have supervisory experience, X the YES box. If not, X the NO box.

Item 18. Security Clearance. If you had a security clearance, X the YES box. If not, X the NO box.

SECTION III

All applicants must sign and date. Turn in the completed form to the transition assistance office.

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