final determination. DMDC shall advise organizations of their status.

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

OUTPLACEMENT AND REFERRAL SYSTEM/PUBLIC AND COMMUNITY SERVICE INDIVIDUAL APPLICATION

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  2c. DATE AVAILABLE FOR WORK (Y/M/Y)

3. FILING STATUS (Check all that apply)
   a. MILITARY (Branch of Service)
      [ ] Army  [ ] Marine Corps  [ ] Air Force
   b. SPOUSE OF MILITARY
      [ ] Active Duty  [ ] Civilian  [ ] Retired
   c. CIVIL SERVICE EMPLOYEE
   d. U.S. CITIZEN (if one)

4. ADDRESS (For next 6 months) (Street, City, State, Country, and Zip Code)

5. TELPHONE NUMBER (Include Area Code)

6. JOB TYPE PREFERENCES (See instructions for job codes) (Enter one digit per block)

7. REGIONAL WORK PREFERENCE (Enter one digit per block)

8. SPECIFIC WORK PREFERENCES (Enter one digit per block)
   a. STATE
   b. CITY

9. HIGHEST EDUCATION LEVEL ACHIEVED (Check all that apply)

10. YEAR ACHIEVED

DD Form 2580, FEB 94

413
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.)

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
      (2) PRIOR JOB

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 (YYYY/MM/DD)