Office of the Secretary of Defense

APPENDIX A TO PART 77—DD FORM 2580, OPERATION TRANSITION DEPARTMENT OF DEFENSE OUTPLACEMENT AND REFERRAL SYSTEM/PUBLIC AND COMMUNITY SERVICE INDIVIDUAL APPLICATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>OPERATION TRANSITION</strong></td>
<td>DEPARTMENT OF DEFENSE OUTPLACEMENT AND REFERRAL SYSTEM/PUBLIC AND COMMUNITY SERVICE INDIVIDUAL APPLICATION</td>
</tr>
<tr>
<td><strong>AUTHORITY:</strong></td>
<td>10 U.S.C. 1143, 1144; EO 9397.</td>
</tr>
<tr>
<td><strong>PRINCIPAL PURPOSES:</strong></td>
<td>To assist separating DoD personnel and their spouses in securing employment. Individuals participating in the DoD Outplacement Referral System (ODRS) and Public and Community Service Registry will have their employment skills included in a database designed to link prospective employers with DoD and Public and Community Service applicants.</td>
</tr>
<tr>
<td><strong>ROUTINE USES:</strong></td>
<td>To public and private employers (including Federal, State, and local employment agencies and outplacement agencies and public and community service agencies).</td>
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<tr>
<td><strong>DISCLOSURE:</strong></td>
<td>Voluntary; however, failure to provide all requested information will result in applicant data not being included in the system.</td>
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If you are an active duty service member, 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, age, sex, marital status, and religious preference will not be released to employers. Operation Transition is an equal opportunity program. Completion of questions pertaining to the ODRS program is voluntary.

**SECTION I—TO BE FILLED OUT BY ALL APPLICANTS (Print or type)**

<table>
<thead>
<tr>
<th>Field</th>
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<tbody>
<tr>
<td><strong>1. REGISTRATION REQUEST (Check all that apply)</strong></td>
<td>DORS ONLY PUBLIC AND COMMUNITY SERVICE ONLY BOTH</td>
</tr>
<tr>
<td><strong>2a. NAME (Last, First, Middle initial)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>2b. SOCIAL SECURITY NUMBER</strong></td>
<td></td>
</tr>
<tr>
<td><strong>3. DATE AVAILABLE FOR WORK (Y/M/D)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>4. MILITARY STATUS (X all that apply)</strong></td>
<td></td>
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<tr>
<td><strong>4a. Mil. Branch of Service</strong></td>
<td></td>
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<tr>
<td><strong>4b. Spouse of Active Duty Military</strong></td>
<td></td>
</tr>
<tr>
<td><strong>4c. Civil Service Employee</strong></td>
<td></td>
</tr>
<tr>
<td><strong>5. U.S. CITIZEN (X one)</strong></td>
<td></td>
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<tr>
<td><strong>6. ADDRESS (for next 6 months) (Street, City, State, County, and Zip Code) AND TELEPHONE NUMBER (Include Area Code)</strong></td>
<td></td>
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<tr>
<td><strong>7a. JOB TYPE PREFERENCES (See instructions for job code) (Enter one digit per block)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>7b. INCLUDE MAJOR DUTIES ON RESUME (X one)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>7c. REGIONAL WORK PREFERENCE (See instructions) (Enter one digit per block)</strong></td>
<td></td>
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<tr>
<td><strong>7d. SPECIFIC WORK PREFERENCES (Least preferred to most preferred) within commuting distance—does not have to be in region)</strong></td>
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</tr>
<tr>
<td><strong>8. HIGHEST EDUCATION LEVEL ACHIEVED (X one)</strong></td>
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<tr>
<td><strong>9. YEAR ACHIEVED</strong></td>
<td></td>
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<tr>
<td><strong>10. SUBJECT OF DEGREE (If applicable)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>11. COLLEGE / UNIVERSITY FROM WHICH DEGREE ACHIEVED (If applicable)</strong></td>
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</table>

DD Form 2580, FEB 94
## Office of the Secretary of Defense

**Pt. 77, App. A**

### Operation Transition Department of Defense Outplacement and Referral System/Public and Community Service Individual Application

#### Detailed Instructions

If you are a covered veteran, complete items 1 through 14 and item 19. If not covered, you do not need to fill out items 15 through 18. This information will be maintained in 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.

1. **Place an X next to the program(s) you wish to register for.** If you selected the early retirement program, you must read Public and Community Service before completing.

2a. **Name.** Print your last name first name.

2b. **SSN.** Enter your Social Security number.

3. **Data Available for Use.** Enter the date you will be available for work as year, month, day (YYYYMMDD). Availability should not be beyond 6 months from the current date.

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

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

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

7. **a. Job Type Preferences.** Enter up to three occupations from the Standard Occupational Classification (SOC) Codes. You must select at least two. A search for jobs may be conducted and you may be contacted to perform the jobs.

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

8. **Regional Work Reference.** Refer to the regional preference list below, and enter the two-digit code for the geographical area in which you seek 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**
     - Florida
     - Georgia
     - Mississippi
     - Puerto Rico
     - Tennessee
     - Virgin Islands

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

11. **Year Achieved.** Enter the year you achieved item 10.

12. **Degree.** Print the degree achieved (if applicable).

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

14. **Relevant Information.** Print in this space any information that you feel would help you obtain a job in the field you are seeking. If your work experience is not listed on your resume, a separate sheet of paper should be attached which will comprise a majority of your resume. Carefully choose your words and grammar.

15. **Spouse.**

   - **a. Name.** Enter the spouse’s name, first name, last name first.
   - **b. SSN.** Enter your spouse’s Social Security Number.

16. **Your Job History.**

   - **a. Job Code.** Enter the two-digit code for your previous employment experience as described in the SOC Code. Enter the job code that most closely matches the previous three jobs you held.
   - **b. Length of Time Held.** Enter the number of years and months the job was held (X months).

17. **Supervisor Experience.** X the box if you have supervisory experience. If you are X the YES box. If not, X the NO box.

18. **Security Clearance.** X the box if you have an active clearance. If not, X the NO box.

19. **Section II: Spouse**

   - **a. Name.** Print your spouse’s name, first name, last name.
   - **b. SSN.** Enter your spouse’s Social Security Number.

20. **Your Job History.**

   - **a. Job Code.** Enter the two-digit code for your previous employment experience as described in the SOC Code. Enter the job code that most closely matches the previous three jobs you held.
   - **b. Length of Time Held.** Enter the number of years and months the job was held (X months).

21. **Supervisor Experience.** X the box if you have supervisory experience. If you are X the YES box. If not, X the NO box

22. **Security Clearance.** X the box if you have an active clearance. If not, X the NO box

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