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)
   a. DORS ONLY
   b. PUBLIC AND COMMUNITY SERVICE ONLY

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

2b. SOCIAL SECURITY NUMBER

3. DATE AVAILABLE FOR WORK (YYYY/MM/DD)

4. MILITARY STATUS (X all that apply)
   a. MILITARY (Branch of Service)
      [ ] Army
      [ ] Marine Corps
      [ ] Navy
      [ ] Air Force
      [ ] Other
   b. SPOUSE OF ACTIVELY DUTY MILITARY
      [ ] ON CIVIL SERVICE EMPLOYEE
      [ ] NOT ON 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)
   a. ADDRESS LINE 1
   b. ADDRESS LINE 2
   c. CITY
   d. STATE
   e. U.S. ZIP CODE
   f. TELEPHONE NUMBER

7a. JOB TYPE PREFERENCES (See instructions for job code)
   (Enter one digit per block)

b. INCLUDE MAJOR DUTIES ON RESUMES (X one)
   (Enter one digit per block)

8. REGIONAL WORK PREFERENCE
   (See instructions for job code)
   (Enter one digit per block)

9. SPECIFIC WORK PREFERENCES
   (Note: Length of employment within commuting distance does not
   have to be in region)

   a. STATE
   b. CITY

10. HIGHEST EDUCATION LEVEL ACHIEVED (X one)
   a. High School Graduate
   b. Associate Degree or Equivalent
   c. Bachelor's Degree
   d. Master's Degree
   e. 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.)

SECTION II: SPOUSE

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

17. HAVE YOU EVER HELD A SUPERVISING 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 (MM/DD/YYYY)

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**Section 1. To Be Filled Out by All Applicants**

- **Applicant's Name:**
  - Print your name on the form.

**Item 2. 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 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 1.

**State Code:**

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

**Section 2. Spouse**

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

**Section 3. Security Clearance.** Enter if you have a security clearance, X the yes box. If not, X the No box.