

Pre-Placement Form
Use for initial placement only

CID#: _____

Individual's Name: _____ Contractor Name: _____

Vocational Goal from IPE: _____

Employer (Business Name): _____

Address: _____
Street Address City State Zip Code

Employer Contact: _____ Phone Number: _____
First & Last Name Include Area Code

Individual's Job Title: _____ Start Date: _____

Starting Hourly Wage: _____ Total Hours per Week: _____

Current Contract: ☐ **CE** ☐ **SE** ☐ **ER** ☐ **JP** ☐ **SES**

Weekly Work Goal on IPE: _____ Priority Group #: _____

Benefits Available: ☐ Health Insurance ☐ Sick Leave ☐ Vacation ☐ Retirement/401K

☐ Other: _____

Brief Description of Job Duties/Tasks:

Client Needs: (e.g. clothing, transportation, accommodations, such as **supports on the job, interpreter**, task lists, work schedule adjustment for transportation, etc.) **In the event the client needs are immediate, please inform the counselor via phone or email as soon as possible.**

Confirmation the job has been accepted: ☐ YES ☐ NO

DRS Counselor: _____ ESS TA: _____

EC Name: _____ Date submitted: _____

Attach form to email and submit to the Counselor and cc ESS TA prior to job start date. Retain a copy for the case record.