



Installation: _____

Last Name: _____ First Name: _____ Rank: _____

Installation: _____

Unit of Assignment (if different from Installation): _____

Telephone: () - _____ Email: _____

Service: _____ Separation Date (Estimated): MM/DD/YYYY

Clearance Type: TS/SCI Secret Top Secret None

Educational Interests: Enrolled Post ETS Voc Rehab

Please list any desired employment organizations (e.g. DoD or IBM):

- 1.
- 2.
- 3.

Additional (no restriction on how many to list):

Please list jobs you prefer to avoid (heavy lifting, noisy environments, etc.):

- 1.
- 2.
- 3.

Additional (no restriction on how many to list):

Please list your desired jobs:

- 1.
- 2.
- 3.

Additional (No restriction on how many to list):

Please list your job location preferences:

- 1.
- 2.
- 3.

Additional (no restriction on how many to list):

With my signature below I hereby affirm and/or understand that:

- I have provided a resume.
- I authorize my information to be shared with the Warrior Care Policy support team and potential employers.
- E2I Regional Coordinators will assist me with finding employment in my current location or future location upon transitioning from the Service.
- I understand the provided information will be maintained and destroyed in accordance with the provisions of the Federal Records Act and the regulations and records schedules of the nation's Archive and Records Administration and in some cases may be covered by the Privacy Act and subject to the Freedom Information Act.

Signature: _____ Date: _____

Responsible Official Acknowledge:

Print Name: _____ Signature: _____ Date: _____