



Education and Employment Initiative (E2I) Application

Part A – Wounded, Ill, and Injured Service Member Information

Last Name	First Name	Rank
Installation		
Unit of Assignment <i>(if different from installation)</i>		DoD ID
Telephone	Email	
Service	Component: Active Guard Reserve	
Separation Date <i>(estimated)</i>		

Warrior Care program enrollment

Are you enrolled in the Integrated Disability Evaluation System (IDES)? Yes No

Clearance Status

Educational Interests	Currently enrolled	Planning to enroll	Interested in vocational rehabilitation
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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)





Part B – Terms and Conditions

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

- I will provide a current resume, as needed, to support employment matching efforts.
- I authorize my information to be shared with the Warrior Care Recovery Coordination Program (WCRCP) and potential employers.
- E2I Regional Coordinators will assist me with finding employment in my current location or future location upon transitioning from service.
- My Personally Identifiable Information (PII) from my application and resume will be shared with organizations to facilitate my participation with E2I. My PII will be maintained and destroyed in accordance with the Federal Records Act and the National Archives and Records Administration (NARA) record schedules. Furthermore, this information may be covered by the Privacy Act and subject to the Freedom of Information Act (FOIA).

Signature _____ Date _____

E2I Regional Coordinator Signature _____ Date _____

