



MIAMI-DADE COUNTY PUBLIC SCHOOLS
OFFICE OF WORKFORCE DEVELOPMENT EDUCATION
LOCAL PLACEMENT DATA

STUDENT NAME: _____
Last First Middle

SOCIAL SECURITY: _____ OR STUDENT ID: _____

STUDENT ADDRESS: _____
City State Zip

TELEPHONE NO.: _____ YEAR STUDENT COMPLETED _____
PROGRAM NUMBER: _____

THE FOLLOWING ITEMS CONCERN PLACEMENT STATUS. PLEASE COMPLETE THE APPROPRIATE AREAS.

1. STUDENT IN THE MILITARY? YES _____ NO _____ BRANCH OF SERVICE _____

2. CONTINUING EDUCATION AT A POST-SECONDARY SCHOOL? YES _____ NO _____

NAME OF SCHOOL _____ PRIMARY SUBJECT AREA _____

3. CURRENTLY EMPLOYED? YES _____ NO _____

EMPLOYER: _____

ADDRESS: _____
City State Zip

TELEPHONE NO.: _____ EMPLOYMENT DATE: ____/____/____
MM DD YY

JOB TITLE: _____

DUTIES: _____

The undersigned certifies the placement information stated is true and has been verified.

PRINT NAME: _____ DATE: ____/____/____
MM DD YY

SIGNATURE _____ (Check one) Student Employer
 School Representative