

## Sirius Workforce Development Placement Form

### Customer/College:

1. Legal Employee Name: \_\_\_\_\_
2. Physical Address: \_\_\_\_\_
3. DOB: \_\_\_\_\_
4. SSN: \_\_\_\_\_
5. Phone Number: \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Emergency Contact Name/Relation; Phone #1: \_\_\_\_\_
8. Emergency Contact Name/Relation; Phone #2: \_\_\_\_\_

Employee Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Time to Report: \_\_\_\_\_  
Pay Rate: \_\_\_\_\_

### Sirius Only

STPR: \_\_\_\_\_ OTPR: \_\_\_\_\_  
STBR: \_\_\_\_\_ OTBR: \_\_\_\_\_  
STMU: \_\_\_\_\_ OTMU: \_\_\_\_\_

Background:	N/A	Employment (7 years)	Education (Highest Level)
		County Search (7 years)	Federal Search
		National Search	SSN Trace
Drug Screen:	N/A	5 Panel	10 Panel

Place of Employment (Worksite): \_\_\_\_\_

Worksite Address: \_\_\_\_\_

Worksite Phone Number: \_\_\_\_\_

Worksite Supervisor: \_\_\_\_\_

Timesheet Approver #1: \_\_\_\_\_

Timesheet Approver #1 email: \_\_\_\_\_

Timesheet Approver #2: \_\_\_\_\_

Timesheet Approver #2 email: \_\_\_\_\_

Invoicing/Funding Source: \_\_\_\_\_

P.O. Number: \_\_\_\_\_ N/A

Invoice Submitted to: \_\_\_\_\_

Max Hours Weekly: \_\_\_\_\_

Max Hours Total: \_\_\_\_\_