



# E21 Region Coordinator Support Approval Application

Installation: \_\_\_\_\_



**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Rank:** \_\_\_\_\_

**Installation:** \_\_\_\_\_

**Unit of Assignment (if different from Installation):** \_\_\_\_\_ **DoD ID:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Service:** \_\_\_\_\_ **Component:** Active    Guard    Reserve

**Separation Date (Estimated):** \_\_\_\_\_

**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.
- E21 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:** \_\_\_\_\_