**A red and blue circle with white text and a map in the middle

Description automatically generated**

***Missouri Division of Developmental Disabilities***

***Employment Services Toolkit***

**Tool #8 – *Job Development:* Placement Form**

**Tool purpose:** To record and document all necessary information when individual finds employment.

**Directions and guidance for tool use:** When an individual has found employment, complete the form with all necessary information.

### JOB SEEKER:

### DMH ID:

### EMPLOYMENT SUPPORT STAFF:

### AGENCY:

**Date of hire:**

**Start date:**

**Hiring Business/Organization Information**

Business/organization name:

Address (location where individual is working):

Department:

Primary contact(s) name and position(s) (name, phone, email)

* Supervisor:
* Human Resources:

Directions for employment site (where to enter building, security procedures, parking)

**Job title:**

**Summary of job duties:**

(Include information regarding consistency and any daily, weekly, seasonal variations)

**How are job duties assigned? Who provides job assignments, tasks?**

**Time off**

Holidays

Procedures for requesting vacation/day off:

Procedures for calling in sick:

**Wages upon hire** (hourly or weekly):

**Wage increases:**

**What payroll is the individual on?**

Company

Service provider

**Pay Procedures**

**Frequency**

Weekly

Bi-Weekly

Monthly

**Method**

Direct deposit

Physical paycheck

Company provided debit card

Cash

**Date of first paycheck:**

**Schedule**

Average hours per week:

Work schedule (hours/days of week):

Note whether schedule will be consistent or varied

If schedule will vary, indicate how employer communicates schedule to individual

**Benefits available**   
*(check all that apply even if employee has chosen not to enroll in a particular benefit program)*:

None

Health insurance

Dental insurance

Life insurance

Vacation pay

Holiday pay

Sick pay

Retirement

Meals

Wellness

Employee Assistance Program

Employee discounts

Other, describe:

**Industry (what industry is this individual working in regardless of job tasks – numbers refer to** [**O\*Net**](https://www.onetonline.org/) **Codes)**

Agriculture, Forestry, Fishing and Hunting (11)

Mining (21)

Utilities (22)

Construction (23)

Manufacturing (31-33)

Wholesale Trade (42)

Retail Trade (44-45)

Transportation and Warehousing (48-49)

Information (51)

Finance and Insurance (52)

Real Estate and Rental and Leasing (53)

Professional, Scientific, and Technical Services (54)

Management of Companies and Enterprises (55)

Administrative and Support and Waste Management and Remediation Services (56)

Educational Services (61)

Health Care and Social Assistance (62)

Arts, Entertainment, and Recreation (71)

Accommodation and Food Services (72)

Other Services (except Public Administration) (81)

Public Administration (92)

**Transportation:** How is the individual getting to and from work?

Individual drives self

Public transportation (bus, train, paratransit)

Private transportation (Uber, Lyft, taxi, etc.)

Walking

Family or friend

Residential staff

Employment staff

Volunteer driver

Carpool

Bicycle

Other:

Details regarding transportation plan including responsibility for transportation scheduling and arrangements, routes, transportation contact information, travel instruction plans, transportation variations, etc. Also include information regarding plans for potentially increasing independence in transportation and reducing reliance on service provider:

Back-up/emergency plan for transportation (e.g., missed bus, driver doesn’t show, etc.):

**Public Benefits**

Plan for reporting wages to Social Security and other public benefit programs (schedule for reporting, plan for report, who will be responsible for various tasks – printing of paystubs, reporting to Social Security, etc.)

**Performance Review**

Note whether employer performs formal employee performance reviews, and frequency of reviews.

**Health and Safety Risks**

Summarize potential health and safety risks on job, and procedures for addressing:

**Emergency Procedures**

Employer procedures for weather-related and other emergencies:

Procedures for injury, health-event on job:

**Employment Provider Staff Contact(s) –** name(s), email, phone

**Additional Employment-Related Information:**