



Ashtabula County



2247 Lake Avenue, Ashtabula, OH 44004  
PH-(440) 994-1234  
FAX- (440) 992-7826

# EMPLOYER JOB ORDER FORM

**PLEASE EMAIL OR FAX THIS FORM TO:**  
**One Stop Manager:**  
**Cynthia Nagy**  
**Email:** nagyc@odjfs.state.oh.us  
**Phone:** 440.994-2524 **FAX:** 440.992.7826  
**Date:**

<b>COMPANY INFORMATION</b>	COMPANY NAME		FEDERAL TAX ID NUMBER		
	CONTACT NAME/TITLE		ADDRESS / CITY / ZIP CODE		
	PHONE NUMBER		FAX NUMBER	EMAIL ADDRESS	
	OWNERSHIP <input type="checkbox"/> Association <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Private <input type="checkbox"/> Proprietorship				
	EMPLOYER SECTOR <input type="checkbox"/> Public for Profit <input type="checkbox"/> Government/not for profit <input type="checkbox"/> Private for profit			FEDERAL CONTRACTOR <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> None <input type="checkbox"/> Both Federal & State	
	INDUSTRY <input type="checkbox"/> Healthcare/ Medical <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Banking/Finance/Insurance <input type="checkbox"/> Govt, Education/Non-Profit <input type="checkbox"/> Trades				
<b>POSITION(S) AVAILABLE</b>	JOB TITLE		WORK ADDRESS		
	OPEN DATE	CLOSE DATE		MIN HRS/WEEK	MAX HRS/WEEK
	MINIMUM SALARY \$ per hour	MAXIMUM SALARY \$ per hour	NO. OF OPENINGS	MAXIMUM NO. OF REFERRALS	SELECT ONE <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> SEAS <input type="checkbox"/> TEMP
	SELECT WORKDAYS <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT			SELECT SHIFT(S) <input type="checkbox"/> 1 <sup>ST</sup> <input type="checkbox"/> 2 <sup>ND</sup> <input type="checkbox"/> 3 <sup>RD</sup> <input type="checkbox"/> SPLIT <input type="checkbox"/> ROTATING	
	CHECK IF REQUIRED PRIOR TO HIRE FOR THIS POSITION: <input type="checkbox"/> Background Check <input type="checkbox"/> Drug Screen <input type="checkbox"/> Driver's License				
	JOB DESCRIPTION				
	BENEFITS <input type="checkbox"/> 401K <input type="checkbox"/> Childcare <input type="checkbox"/> Dental <input type="checkbox"/> Educational Assistance <input type="checkbox"/> Health Insurance <input type="checkbox"/> Paid Holidays <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation <input type="checkbox"/> No Benefits				
	APPLICANTS WILL APPLY FOR POSITION BY CONTACTING: <input type="checkbox"/> Ashtabula County Job Source <input type="checkbox"/> <b>EMPLOYER</b> by: <input type="checkbox"/> Phone, <input type="checkbox"/> Fax, <input type="checkbox"/> Mail, <input type="checkbox"/> Email, <input type="checkbox"/> Apply online, <input type="checkbox"/> In-person <b>Employer Contact Info:</b>				
PUBLIC DISCLOSURE <input type="checkbox"/> FULL DISCLOSURE <input type="checkbox"/> NON-DISCLOSURE (Only job description, title, skills, wage, hours viewed by public. (All employer contact information shown on publicity)   Employer Information only viewed by Job Source staff- not disclosed publicly)					
<b>APPLICANT</b>	DESIRED SKILLS (3-5 key skills sets required)				
	EXPERIENCE REQUIRED: ____ MONTHS ____ YRS.		MINIMUM EDUCATION REQUIRED:		
<b>OFFICE USE ONLY</b>	ONET CODE:	ONET TITLE:		JOB SOURCE STAFF:	ASSIGNED JOB ORDER NUMBER
	JOB TYPE : <input type="checkbox"/> Regular Employment <input type="checkbox"/> Job Development <input type="checkbox"/> Alien Certification <input type="checkbox"/> Mass Recruitment EMPLOYER WISHES: <input type="checkbox"/> Applications collected on Site <input type="checkbox"/> Resumes forwarded by BSR <input type="checkbox"/> Hold Interviews on-site				
	SCOTI JOB TITLE			ASSIGNED JOB ORDER NUMBER	