EMPLOYER JOB ORDER FORM

COMPANY INFORMATION

COMPANY NAME	COMPANY WEBSITE
CONTACT NAME/TITLE	ADDRESS/CITY/STATE/ZIP

EMAIL	PHONE	FAX

INDUSTRY

☐ Healthcare ☐ Customer Service/Retail ☐ Technology ☐ Industrial ☐ Clerical/Administrative

☐ Manufacturing ☐ Education/Non-profit ☐ Banking/Finance/Insurance ☐ Other: _____

POSITION(S) AVAILABLE

JOB TITLE	ADDRESS/CITY/STATE/ZIP	

OPEN DATE	CLOSE DATE	HOURS/WEEK	MINIMUM SALARY	MAXIMUM SALARY

NO. OPENINGS	MAX NO. REFERRALS	☐FT ☐PT	WORKDAYS ☐SUN ☐MON ☐TUE ☐WED ☐THU ☐FRI ☐SAT

REQUIRED FOR POSITION
☐ BACKGROUND CHECK ☐ DRUG SCREEN ☐ DRIVER'S LICENSE/DMV RECORD ☐ OTHER: _____

JOB DESCRIPTION (OR ATTACH FILE)

3 TO 5 KEY SKILL SETS REQUIRED

REQUIRED EXPERIENCE	REQUIRED EDUCATION

BENEFITS? ☐ NO ☐ YES, AFTER _____ DAYS

FOR OFFICE USE ONLY

EC	EMAIL	PHONE

☐ JOB POSTING ONLY ☐ ON-SITE RECRUITMENT ☐ PRESENTATION ☐ WORKSHOP ☐ JOB FAIR ☐ OTHER: _____

APPLICATION METHOD
☐ THROUGH EMPLOYMENT CONNECTION ☐ IN PERSON ☐ PHONE ☐ FAX ☐ EMAIL ☐ APPLY ONLINE

DISCLOSURE
☐ FULL DISCLOSURE ☐ PARTIAL DISCLOSURE ☐ NON-DISCLOSURE

CAREER CLUSTER	REFERRAL SOURCE	JOB ORDER NUMBER

Revised 1/2012