

CONSTRUCTION



JOB ORDER FORM

Business Services
1020 Bolivar Road
Cleveland, Ohio 44115
216.664.2905 • Fax: 216.443.5950
www.ohiomeansjobs.com/cuyahoga

PLEASE EMAIL OR FAX THIS FORM TO:
Assistant Mgr: Jen Martinez
Email: jen.martinez@ulagency.org

Date:

COMPANY INFORMATION	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 Public for Profit Government/not for profit Private for profit				FEDERAL CONTRACTOR <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> None <input type="checkbox"/> Both Federal & State			
POSITION(S) AVAILABLE	JOB TITLE		WORK ADDRESS			CITY		
	STATE	ZIP CODE	COUNTY	OPEN DATE	CLOSE DATE	MIN HRS/WEEK	MAX HRS/WEEK	
	MINIMUM SALARY \$ PER		MAXIMUM SALARY \$ PER		NO. OF OPENINGS	MAXIMUM NO. OF REFERRALS		
	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 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD <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							
	CONTACT METHOD <input type="checkbox"/> OhioMeansJobs CC <input type="checkbox"/> In-person <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Apply online							
	PUBLIC DISCLOSURE <input type="checkbox"/> FULL DISCLOSURE (All contact information shown) <input type="checkbox"/> PARTIAL DISCLOSURE (Only job information shown/ must contact OMJ CC) <input type="checkbox"/> NON-DISCLOSURE (Only viewed by OMJ CC staff- not disclosed)							
	APPLICANT	DESIRED SKILLS (3-5 key skills sets required)						
EXPERIENCE REQUIRED: <input type="checkbox"/> MONTHS <input type="checkbox"/> YRS.				MINIMUM EDUCATION REQUIRED:				