

Job Order Form

* 1. Federal Employer Identification Number (FEIN): _____

* 2. Employer/Company Name:

Company: _____
Address: _____
City/town: _____
State: Select a State _____
Zip: _____
Company Website: _____
Phone Number: _____

* 3. Contact Information:

Name: _____
Title: _____
Email Address: _____
Phone Number: _____
Fax Number: _____

* 4. Type of Business: _____

* 5. Number of Employees: _____

* 6. Position Title: _____

* 7. Job Location: _____

* 8. Number of Openings: _____

* 9. Number of Hours per Week: _____

10. Job order close date if applicable _____

* 11. What kind of position is this?

- Permanent
- Part Time
- Temporary

12. If this is a temporary position, what is the duration? _____

*** 13. Description of Job Duties (Work Performed)**

*** 14. Will you require any of the following?**

- Drug Testing/Screening Reference Check None
 Background Check Bonding
 Credit Check Motor Vehicle Record Check

*** 15. Minimum education required:** _____

*** 16. Months experience required:** _____

*** 17. Do you require a valid drivers license?**

Yes No

18. If yes, what class?

- CDL Class E (Private Vehicle) Other

*** 19. Salary Range:**

Hourly Weekly Yearly
Daily Monthly Will discuss at interview
Amount: _____

*** 20. Hours and Days to be worked:**

*** 21. Benefits offered for this position:**

- | | | |
|---|---|---|
| <input type="checkbox"/> Benefits not specified | <input type="checkbox"/> 401K | <input type="checkbox"/> Tuition Assistance |
| <input type="checkbox"/> No Benefits provided | <input type="checkbox"/> Retirement/Pension | <input type="checkbox"/> Flex Time |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Uniform Allowance | <input type="checkbox"/> Stock Options |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Paid time off | <input type="checkbox"/> Relocation Assistance |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Meals | <input type="checkbox"/> Company Vehicle |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Short/Long Term Disability |
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Child Care | <input type="checkbox"/> Expense Account |
| <input type="checkbox"/> Job Share | <input type="checkbox"/> Holidays | <input type="checkbox"/> Other |

22. If other benefits checked, please describe.

*** 23. How would you like candidates to apply?**

- | | | |
|----------------------|--------------|--------------------------|
| Call for appointment | Fax resume | Apply in person |
| Mail resume | Email resume | Apply at company website |

If apply at company website checked, please provide URL address.

If Applying in person, list the days/hours that you would like the candidate to do so.

*** 24. Does your company have any contracts with the Federal Government?**

Yes No

* Asterisks denote required fields.

If the submit button doesn't work, please save the file to your computer and email it to: joborders@careersourceow.com
Call 850-833-7587 for assistance.