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JOB ORDER DETAILS	
Date: _____	FEIN: _____
Employer Name: _____	Parent Company: _____
Physical Address: _____ City: _____ State: _____ Zip: _____	County: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____	County: _____
Phone #: _____ - _____	FAX #: _____ - _____
Contact Name: _____	Job Title of Contact: _____
E-Mail Address: _____	
Job Title: _____	Number of Openings: _____
Job Summary: (Experience or Bona Fide Occupational Qualifications) _____ _____ _____	
MINIMUM Experience Required: _____ Months _____ Years      Tools Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Certificate/License Required: <input type="checkbox"/> Yes <input type="checkbox"/> No      Type of License: _____	
Typing Speed: _____ wpm    Data Entry Speed: _____ kph      Job Testing Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Minimum Education Required? _____      Benefits Available: _____ (Insurance, Sick, Vacation)	
Minimum Salary: \$ _____ Per: (Hr/Day/Wk/Mth/Yr) _____      Commission Only? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Display Salary to Job Seeker? <input type="checkbox"/> Yes <input type="checkbox"/> No      Drug Test? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit History Checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Must A Job Seeker Be Currently Employed To Be Considered For This Job Vacancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Hours: From: _____ To: _____ Hours Per Week: _____ Shift Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Days: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat    Other: _____	
Duration of Job: <input type="checkbox"/> 0 - 3 Days <input type="checkbox"/> 4 - 150 Days <input type="checkbox"/> 151 + Days	
REFERRAL METHOD	
<b>NOTE:</b> After 10 days, job orders that pay \$9/hr or less will be viewable by the public and partner staff. Do you want your company name and contact information displayed to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How To Apply: <input type="checkbox"/> Fax Resume <input type="checkbox"/> Fax Application <input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> Call Employer <input type="checkbox"/> Website	
Additional Referral Instructions: _____	
FOREIGN LABOR CERTIFICATION INFORMATION	
Does the employer intend to file for a Foreign Labor Certification: <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, please provide the following:	
Date of Need/Start To Work Date: _____ Transportation Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Housing Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No    Overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Overtime Wage: _____	
<p><b>Upon receipt of your job order, a WorkForce Representative may contact you.</b> If you have additional questions, please contact your local WorkForce West Virginia Office.</p> <p><b>WorkForce West Virginia    www.workforcewv.org    1-800-252-JOBS (5627)</b></p>	