

## A proud partner of the AmericanJobCenter network

WV Jobs Act Data Collection		
Date:	FEIN:	
Employer Name:	Parent Company:	
Physical Address: City:	State: Zip:	County:
Mailing Address:	State: Zip:	County:
Phone #: FAX #:		
Contact Job Title Name: of Contact:		
E-Mail Address:		
Job Title:		Number of Openings:
Job Summary: (Experience or Bona Fide Occupational Qualifications)		
MINIMUM Experience Required: MonthsYe	ars Tools Required?	☐ Yes ☐ No
Certificate/License Required: Yes No Type of License:		
Typing Speed: wpm Data Entry Speed: kph	Job Testing Required?	☐ Yes ☐ No
Minimum Education Required? Benefits Available: (Insurance, Sick, Vacation)		
Minimum Salary: \$ Per: (Hr/Day/Wk/Mth/Yr)	Commission Only?	☐ Yes ☐ No
Display Salary to Job Seeker? 🗌 Yes 🔲 No	Drug Test?	☐ Yes ☐ No
Credit History Checks?		☐ Yes ☐ No
Must A Job Seeker Be Currently Employed To Be Considered	d For This Job Vacancy?	☐ Yes ☐ No
Work Hours: From: To: Hours Per	Week: Shift Work?	☐ Yes ☐ No
Work Days: ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thu	r □ Fri □ Sat Other:_	
Duration of Job: 0 - 3 Days	☐ 4 - 150 Days	☐ 151 + Days
REFERRAL METHOD		
How To Apply:		Call Employer
ADDITIONAL INFORMATION PER WV JOBS ACT		
Public authority for the project:		
Address of public authority:		
Name of project:		
Upon receipt of your job order, a WorkForce Representative may contact you.  If you have additional questions, please contact your local WorkForce West Virginia Office.		
WorkForce West Virginia www.workforcewv.org 1-800-252-JOBS (5627)		