



Job Order Information

Date:		
Company Name:		Contact Person and Title:
Telephone Number:	Fax Number:	Email Address:
Job Title:		
Worksite Address (if different from company address):		
Minimum Hours Per Week:		Maximum Hours Per Week:
Minimum Salary:		Maximum Salary:
Salary Interval: <input type="checkbox"/> Hourly <input type="checkbox"/> Biweekly <input type="checkbox"/> Bimonthly <input type="checkbox"/> Day <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Year		
Maximum Number of Openings:		
Maximum Number of Referrals Wanted:		
Job Urgency: Low <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 High		
Duration of Opening: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp-to-hire <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary		
Block Previous Referrals Received for What Duration? <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> 12 Months		
Display on Internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Public Disclosure on Internet:		
<input type="checkbox"/> Full Disclosure (all information visible)	<input type="checkbox"/> Partial Disclosure (company information is hidden)	<input type="checkbox"/> None (no information is visible)
How do you want to be contacted by applicants? Select all that apply.		
<input type="checkbox"/> Resumes wanted	<input type="checkbox"/> Fax wanted	<input type="checkbox"/> Calls wanted
<input type="checkbox"/> Emails wanted	<input type="checkbox"/> Contact SCOTI Access Point	<input type="checkbox"/> Apply in person
Highest Degree Required:		
Months Experience Required:		Minimum Age Requirement:
		<input type="checkbox"/>
Lifting Capacity		
<input type="checkbox"/> Light to 20 lbs.	<input type="checkbox"/> Medium to 50 lbs.	<input type="checkbox"/> Heavy to 100 lbs.
Required Licenses, Certifications or Registrations:		
Pre Employment Tests Given or Performed:		
<input type="checkbox"/> Clerical Testing	<input type="checkbox"/> Drug Testing	<input type="checkbox"/> Criminal Background Check
<input type="checkbox"/> Employment Test	<input type="checkbox"/> Driving Check	<input type="checkbox"/> Reference Check
Work Days		Work Shifts
<input type="checkbox"/> Sunday	<input type="checkbox"/> Thursday	<input type="checkbox"/> 1 st
<input type="checkbox"/> Monday	<input type="checkbox"/> Friday	<input type="checkbox"/> 2 nd
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Saturday	<input type="checkbox"/> 3 rd
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Monday - Friday	<input type="checkbox"/> Split
		<input type="checkbox"/> Rotating
Job Description:		
Driver License Requirements:		
Benefits:		
<input type="checkbox"/> 401K	<input type="checkbox"/> Child Care	<input type="checkbox"/> Dental Insurance
<input type="checkbox"/> Educational Assistance	<input type="checkbox"/> Health Insurance	<input type="checkbox"/> No benefits
<input type="checkbox"/> Paid Holidays	<input type="checkbox"/> Retirement plan other than 401K	
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Vacation	
Notes:		