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[www.employmentconnection.us](http://www.employmentconnection.us)

### EMPLOYER JOB ORDER FORM

DATE:

<b>COMPANY INFORMATION</b>	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 <input type="checkbox"/> Public for Profit <input type="checkbox"/> Private for profit <input type="checkbox"/> Government/not for profit				FEDERAL CONTRACTOR <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> None <input type="checkbox"/> Both Federal & State			
INDUSTRY <input type="checkbox"/> Healthcare or Medical <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Banking, Finance, or Insurance <input type="checkbox"/> Government, Education or Non-Profit <input type="checkbox"/> Trades							
<b>POSITIONS AVAILABLE</b>	JOB TITLE		WORK ADDRESS		CITY		
	STATE	ZIPCODE	COUNTY	OPEN DATE	CLOSE DATE	MIN HRS/WEEK   MAX HRS/WEEK	
	MINIMUM SALARY \$            PER		MAXIMUM SALARY \$            PER		NO. OF OPENINGS	MAXIMUM NO. OF REFERRALS	CIRCLE ONE FT   PT   SEAS   TEMP
	CIRCLE WORKDAYS SUN   MON   TUE   WED   THU   FRI   SAT				CIRCLE SHIFT(S) 1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> SPLIT   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"/> Employment Connection <input type="checkbox"/> In-person <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail						
	PUBLIC DISCLOSURE <input type="checkbox"/> FULL DISCLOSURE (All contact information shown) <input type="checkbox"/> PARTIAL DISCLOSURE (Only job information shown/ must contact EC) <input type="checkbox"/> NON-DISCLOSURE (Only viewed by EC staff- not disclosed publicly)						
	<b>APPLICANT</b>	DESIRED SKILLS					
EXPERIENCE REQUIRED:			MONTHS/YRS.	MINIMUM EDUCATION REQUIRED:			

<b>OFFICE USE ONLY</b>	BUSINESS SERVICE REP:		EMAIL ADDRESS		PHONE NUMBER	
	FAX NUMBER		INDUSTRY			
	JOB TYPE		ONET CODE		ASSIGNED JOB ORDER NUMBER	