JOB ORDER FORM

W/C Code	New Company	Job Order #	Date
	Yes _____ No		

Products/ Services	Job Title	Taken By	#needed

Company Name	Project Start Date

Address	City	State	Zip Code

Telephone (Gen.)	Telephone (Dir.)	Fax (General)	Fax (Direct)

E-mail address	Contact/ Title

Notes

Duties & Responsibilities of Position

Minimum Skills/ Mandatory Skills/ Experience Needed for Hire:
A.
B.
C.
D.

Degree/ Certification/ Licenses

Common Denominators of Successful Hires

Directions to Company/ Parking

Salary Range	***Bill Rate***	***Bonuses?***	***Salary Notes:***

Raises/ When/ % Amount	***Previous Person Earned***	***Paid overtime? How much?***

Working Hours	***Lunch***	***Attire***	***Flex time available/ explain***
	30 Min *1 Hr.*		

Benefit Information ***Insurance Carrier*** _____

Hosp MM HMO PPO Dental Vision STD LTD 401 K

Sick Days Life Ins. Profit Share

Vacation ____ weeks 1st year Pension vested in _____ yrs.

Dep. Cov./Cost_____ Indiv.Cov/Cost _____ Benefits available ___ days

Why Open?

Expansion Transfer Retired

Maternity/Sick Leave Promotion Termination Work Overflow

Years in Business/ Since	***# of Employees in Co./ Dept.***

Interviewing Expenses Paid	***Willing to Relocate/ Details***

Territory	***Overnights***	***% of Travel***

Co. Car Provided/ Details	***Expenses Covered Amount***

Pertinent Co. Information

www._____ ***Company Website Address***