



You Hire. You Train. We Pay! Do you want more info?
 Yes No

JOB ORDER FORM

Date:		Federal ID# (FEIN):		Federal Contractor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name:					
Street Address:		City:		State:	Zip Code:
Contact Person and Title:					
Phone Number:		Cell/Alternate:		Fax Number:	
Email Address:			Company Website Address:		
Worksite address, if different from above:					
Bus Line <input type="checkbox"/> Yes <input type="checkbox"/> No			Route #:		
Position Title:		# of Openings:	# requested to interview:	Length of experience desired:	
Job Description: (Please attach a document describing job duties, skills required, equipment used, physical demands, and working condition, if applicable.)					
Knowledge, Skills and Abilities Required:					
Years of Education:	Minimum Education/Degree :	How would your company/organization prefer to receive applicant/referral information (check all that apply)?			
Minimum Age:	Will accept trainee? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Email online EFM Resume		<input type="checkbox"/> Mail online EFM Resume	
		<input type="checkbox"/> Apply at Jobs Center		<input type="checkbox"/> Apply in Person	
		<input type="checkbox"/> Company Application to be used		<input type="checkbox"/> Fax Resume	
Full-Time: hrs/week:		Part-Time: hrs/week	Temporary: hrs/week	Length of Assignment: hrs/week	
Wages:	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually	1st Shift	<input type="checkbox"/>	<input type="checkbox"/> Overtime Paid	
From: \$	To: \$	<input type="checkbox"/> Weekly	2nd Shift	<input type="checkbox"/>	<input type="checkbox"/> Times May Vary
		<input type="checkbox"/> Monthly	3rd Shift	<input type="checkbox"/>	<input type="checkbox"/> Rotating Shift
Work Days:					From:
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<input type="checkbox"/> Saturday					
					To:
					AM
					PM
Benefits: (Check all that apply)			Hiring Requirements:		
<input type="checkbox"/> Medial Ins	<input type="checkbox"/> Stock Plan	<input type="checkbox"/> Valid Driver's License	<input type="checkbox"/> Drug Screen		
<input type="checkbox"/> Dental Ins	<input type="checkbox"/> 401 K	<input type="checkbox"/> Own Tools	<input type="checkbox"/> Bondable		
<input type="checkbox"/> Vision Ins	<input type="checkbox"/> Retirement	<input type="checkbox"/> Employment Test Given	<input type="checkbox"/> MVR Check _____Max points		
<input type="checkbox"/> Life Ins	<input type="checkbox"/> Paid Vacation	<input type="checkbox"/> Physical Required	<input type="checkbox"/> Clean Driving Record		
<input type="checkbox"/> STD	<input type="checkbox"/> Paid Holidays	<input type="checkbox"/> Reference Check	<input type="checkbox"/> CDL Class _____		
<input type="checkbox"/> LTD	<input type="checkbox"/> Paid Sick Leave	<input type="checkbox"/> Criminal Background	<input type="checkbox"/> Reliable Transportation		
<input type="checkbox"/> AD&D	<input type="checkbox"/> Other:	<input type="checkbox"/> Credit Check			
Endorsements Required:			Computer Programs Required:		
<input type="checkbox"/> Is this your first time posting a job with this service?					
<input type="checkbox"/> Equal Opportunity Employer					
Career Ladder:					
Would you hire someone with a criminal conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No Misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Depends: (Please Specify)					
**** Staff Use Only ****					
Additional Comments:					
Must Haves:			Industry: _____		
Deal Breakers					
Rep: _____					

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TBWA is an equal opportunity employer/ program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TYY 813-930-7699