The WorkPlace Job Order Form

The WorkPlace

Your Guiding Light

interviews.

Please complete this form and email to **theworkplace@jeffersoncountyny.gov** If you have any questions, please don't hesitate to contact us for assistance at 315-786-3651!

| Company Details: | | Endamel Tow | ID # |
|---|--------------------|-----------------|-------------------------------|
| Company Name | | | |
| Physical Address (if different) | | | |
| Mailing Address (if different) | | Ctoto | 7:- Code |
| City | | | |
| Email | | | |
| Phone # | | | |
| Type of Business | | | |
| Contact Person | | | |
| Contact Email | | _ Contact Phone | Э # |
| Job Details: | | | |
| Job Title | | Start Date | # of Openings |
| Referral Instructions: E-mail Resume | Fax Resume | Call for Appt_ | Mail Resume |
| Apply in Person | Apply Online | Other | |
| Minimum Education Required: Less Than F | HS HS Diplo | oma/GED | AAS BA/BS |
| - | | | |
| Minimum Experience: Years Months_ | | | |
| Job Is: Regular Short Term (Dura | | | |
| Work Hours: Fromto | | | |
| Normal Work Days: Sun Mon Tu | | | |
| Job Description: If available, please attach | a detailed descrip | ption. | |
| Other Hiring Requirements & Benefits: Driver's License: Yes No CDL? | A B C | _ Endorsements | s? |
| Physical Exam: Yes No | Drug Screening | : Yes | . No |
| Must Join Union: Yes No | Must Have Tool | ls: Yes | . No |
| Health Insurance: Yes No | Sick Leave: | Yes | . No |
| Dental Insurance: Yes No | Holiday Pay: | Yes | . No |
| Vacation Pay: Yes No | Retirement/Pens | sion: Yes | . No |
| Customized Recruitment: Would you be interested in holding open into We will advertise the recruitment on our sociemails to our customers fitting your requires | cial media sites & | marquee in fro | ont of our building, and send |