

JOB ORDER FORM - GEORGETOWN WORKFORCE CENTER

Date _____ **UI Acct. # or Fed Tax ID #** _____

Employer Name _____ Corporate Name _____

Physical Address _____ Mailing Address _____

E-Mail Address _____ Phone # _____ Fax _____

Contact Person/Title _____ Contact Phone # _____

Job Location _____ Directions/Landmarks _____

How did you hear about our Agency? _____

Company Job Title _____ Deadline to Apply _____

Openings _____ (please circle) Full Time Part Time Permanent Temporary Seasonal

Days: S M T W Th F S Hrs to start _____ : _____ am/pm End _____ : _____ am/pm # HRS PER WK _____

(Please Circle) Drug Screen Credit Check Background Check Sled Check Physical Required

Heaviest lifting for position _____ Uniforms Provided: Y or N Steel Toed Boots? _____

Driver's license required? Yes No CDL A B Endorsements H N P T X

Own vehicle required? Yes No Own tools required? Y N

Years/months Experience _____ Education _____

Computer literate? Yes No ***** Software Required _____

Salary: Minimum _____ Maximum _____ Bonus/Commission _____

Benefits: _____ Discounts _____ Probation/Salary Review In _____ Days

How To Apply (please circle) In Person/Phone : (Day/Time) _____

Mail /Email /Fax Resume or Generic/Company Application or Complete at Georgetown Workforce Center to Be Mailed/ Faxed/ or Picked Up by Employer _____

Job Description _____

Comments _____

Phone (843) 546-8581

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Attn: Job Order Writer

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