



**Delaware County**

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OMJ Use Only

OMJ # \_\_\_\_\_  
 Date Posted \_\_\_\_\_  
 Date Expires \_\_\_\_\_

**JOB POSTING FORM**

<b>Company Name</b>	
<b>Company Address</b>	
<b>Additional Info</b> (if available)	FEIN: _____ NAICS (North American Industry Classification System Code): _____ Are you a Second Chance Employer? If yes, what are your restrictions? _____ Are you a Military-Friendly Employer? _____
<b>Company Contact</b>	Name: _____ Phone: _____ Email: _____
<b>Job Posting Information</b>	Job Title: _____ Job Description: _____ Attached _____ or _____ Found Here: _____ (website link) Worksite Address: _____ Wage (optional): _____ Benefits: Health Insurance _____ Dental _____ Vacation _____ Retirement Plan _____ Sick Leave _____ Childcare _____ Work Days: S M T W T F S Shift: 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> Hours: From _____ To _____ Overtime _____ Rotating Shift _____ Seasonal _____ <u><b>Requirements</b></u> Minimum Age: _____ Months of Experience: _____ Driver's License: _____ If yes, what type? _____ Background Check: _____ Drug Test: _____ Auto Insurance: _____ Physical: _____ Employment Test: _____ Other: _____ <u><b>Level of Education</b></u> No Requirement _____ High School/GED _____ Training _____ Degree _____ <u><b>License/Certification</b></u> Job Type: Permanent _____ Temporary (length _____ ) Full Time _____ Part Time (hrs/wk _____ )
<b>How to Apply</b> *Complete all applicable sources	By Phone (name and number) _____ By Email (email address) _____ In Person at _____ Mail Resume to (name and address) _____ Fax Resume to _____ Online at _____ Other _____ Additional Info. _____