

**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>	<p>Job Title: _____</p> <p>Job Description: _____ Attached _____ or _____ Found Here: _____ (website link)</p> <p>Worksite Address: _____</p> <p>Wage (optional): _____</p> <p>Benefits: Health Insurance _____ Dental _____ Vacation _____ Retirement Plan _____ Sick Leave _____ Childcare _____</p> <p>Work Days: S M T W T F S</p> <p>Shift: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup></p> <p>Hours: From _____ To _____ Overtime _____ Rotating Shift _____ Seasonal _____</p> <p><b><u>Requirements</u></b></p> <p>Minimum Age: _____ Months of Experience: _____ Driver's License: _____ If yes, what type? _____ Background Check: _____ Drug Test: _____ Auto Insurance: _____ Physical: _____ Employment Test: _____ Other: _____</p> <p><b><u>Level of Education</u></b></p> <p>No Requirement _____ High School/GED _____ Training _____ Degree _____</p> <p><b><u>License/Certification</u></b></p> <p>Job Type: _____ Permanent _____ Temporary (length _____ ) Full Time _____ Part Time (hrs/wk _____ )</p>
<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. _____