



Company / Employer Information

Company Name:		Company Phone # ()	
Company Address:			
City:		State:	Zip:
Contact Name:		Contact's Title:	
Contact's Phone: - - ext.	Contact's Fax: - -	Contact's E-mail:	
Secondary Contact Name:		Secondary Contact's Title:	
Secondary Contact's Phone: - - ex	Secondary Contact's Fax: - -	Secondary Contact's E-mail:	
Industry Category:		NAICS or SIC code:	

Job / Position Information

Job Title / Position		Date Opened:	Closed:					
		Date Reopened:	Closed:					
Job Duties:								
Job Duties:								
Job Duties:								
Job Location #1:								
Job Location #2: (If more than two locations please list them on the back in note section):								
Job Start Date:	# of Jobs Available:	Part Time: <input type="checkbox"/>	Hours/week: Full Time: <input type="checkbox"/> Hours/week:					
Daily Hours	Monday to	Tuesday to	Wednesday to	Thursday to	Friday to	Saturday to	Sunday to	Overtime Select
Temporary <input type="checkbox"/>		Contractor <input type="checkbox"/>		Permanent <input type="checkbox"/>				
Dress Code:	Business <input type="checkbox"/>	Business Casual <input type="checkbox"/>	Casual <input type="checkbox"/>	Uniform <input type="checkbox"/>	None <input type="checkbox"/>			

