

work2future ONE-STOP JOB ORDER FORM

Date: _____

COMPANY INFORMATION:

Company Name: _____ Type of Industry: _____

Contact Person/Title: _____

Phone#: _____ FAX:# _____ E-Mail: _____

Address: _____ Cross Street: _____

City: _____ State: _____ Zip Code: _____

JOB INFORMATION:

Position Title: _____ Start Date: _____ # Openings: _____

Pay Rate: _____ Hours: _____ Weekly Hours: _____

Permanent Temporary Benefits: Medical Dental

JOB DESCRIPTIONS:

REQUIRED SKILLS:

AGENCY REFERRAL INSTRUCTIONS:

Fax/Mail Resume to: _____

Comments: _____