



# EMPLOYER JOB ORDER FORM

Business Services  
 1020 Bolivar Road  
 Cleveland, Ohio 44115  
 216.664.3431 • Fax: 216.443.5950  
[www.employmentconnection.us](http://www.employmentconnection.us)

**LEASE EMAIL OR FAX THIS FORM TO:**  
**Lead Recruiter: Ida Ford**  
**Email: [ida.ford@ula-ohio.org](mailto:ida.ford@ula-ohio.org)**

**Date:**

<b>COMPANY INFORMATION</b>	COMPANY NAME		FEDERAL TAX ID NUMBER		
	CONTACT NAME/TITLE		ADDRESS / CITY / ZIP CODE		
	PHONE NUMBER		FAX NUMBER	EMAIL ADDRESS	
	OWNERSHIP <input type="checkbox"/> Association <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Private <input type="checkbox"/> Proprietorship				
	EMPLOYER SECTOR <input type="checkbox"/> Public for Profit <input type="checkbox"/> Government/not for profit <input type="checkbox"/> Private for profit			FEDERAL CONTRACTOR <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> None <input type="checkbox"/> Both Federal & State	
	INDUSTRY <input type="checkbox"/> Healthcare or Medical <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Banking, Finance, or Insurance <input type="checkbox"/> Government, Education or Non-Profit <input type="checkbox"/> Trades				

<b>POSITION OR POSITIONS AVAILABLE</b>	JOB TITLE		WORK ADDRESS		CITY	
	STATE	ZIPCODE	COUNTY	OPEN DATE	CLOSE DATE	MIN HRS/WEEK MAX HRS/WEEK
	MINIMUM SALARY \$ PER	MAXIMUM SALARY \$ PER	NO. OF OPENINGS	MAXIMUM NO. OF REFERRALS	SELECT ONE <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> SEAS <input type="checkbox"/> TEMP	
	SELECT WORKDAYS <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT			SELECT SHIFT(S) <input type="checkbox"/> 1 <sup>ST</sup> <input type="checkbox"/> 2 <sup>ND</sup> <input type="checkbox"/> 3 <sup>RD</sup> <input type="checkbox"/> SPLIT <input type="checkbox"/> ROTATING		
	CHECK IF REQUIRED PRIOR TO HIRE FOR THIS POSITION: <input type="checkbox"/> Background Check <input type="checkbox"/> Drug Screen <input type="checkbox"/> Driver's License					
	JOB DESCRIPTION/JOB TITLE					
	BENEFITS <input type="checkbox"/> 401K <input type="checkbox"/> Childcare <input type="checkbox"/> Dental <input type="checkbox"/> Educational Assistance <input type="checkbox"/> Health Insurance <input type="checkbox"/> Paid Holidays <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation <input type="checkbox"/> No Benefits					
	CONTACT METHOD <input type="checkbox"/> Employment Connection <input type="checkbox"/> In-person <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Apply online					
	PUBLIC DISCLOSURE <input type="checkbox"/> FULL DISCLOSURE (All contact information shown) <input type="checkbox"/> PARTIAL DISCLOSURE (Only job information shown/ must contact EC) <input type="checkbox"/> NON-DISCLOSURE (Only viewed by EC staff- not disclosed publicly)					
	DESIRED SKILLS (3-5 key skills sets required)					

<b>APPLICANT</b>	EXPERIENCE REQUIRED: <input type="checkbox"/> MONTHS <input type="checkbox"/> YRS.		MINIMUM EDUCATION REQUIRED:	
	BUSINESS SERVICE CONSULTANT		BSC EMAIL ADDRESS	
	BSC PHONE NUMBER		JOB TYPE <input type="checkbox"/> Regular Employment <input type="checkbox"/> Job Development <input type="checkbox"/> Alien Certification <input type="checkbox"/> Mass Recruitment	
<b>OFFICE USE ONLY</b>	FAX NUMBER 216-443-5950		SCOTI JOB TITLE	
	JOB CATEGORY		ASSIGNED JOB ORDER NUMBER	