



JOB ORDER FORM

TO BE COMPLETED BY EMPLOYER:

EMPLOYER NAME: _____

CONTACT NAME: _____ PHONE #: _____

EMAIL ADDRESS: _____ PHONE/FAX #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WORKSITE SUPERVISOR: _____ PHONE/FAX #: _____

WORKSITE ADDRESS (IF DIFFERENT FROM ABOVE): _____

JOB TITLE: _____ # OF POSITIONS REQUESTED: _____

POSITION PREREQUISITES: _____

JOB DUTIES (Please attach job description or add'l statement if needed) _____

ESTIMATED
 START DATE: _____ RATE OF PAY: _____

HOURS OF OPERATION: _____ SCHEDULED HOURS: _____

AVAILABLE SHIFT: _____

DAYS PER WEEK: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

NAME AND TITLE OF PERSON FILLING OUT THIS FORM:

SIGNATURE: _____ DATE: _____

DHS/AGENCY AUTHORIZED USE ONLY:	
DATE REC'D FROM EMPLOYER:	APPROVED BY:
AGREEMENT START DATE:	