

Request for Applicants / Job Order Form

To help us serve you better, please complete this Job Order Form and contact your local WorkSource office to speak with a qualified business representative. Business representatives are experts in the local labor market and can help you find qualified applicants for your business. You can find your nearest WorkSource office by visiting <u>www.go2worksource.com</u>. PLEASE NOTIFY US WHEN YOU HAVE FILLED YOUR POSITION WITH THE NAME AND START DATE OF PERSON(S) HIRED, SO WE CAN KEEP YOUR RECORDS UPDATED. THANK YOU!

Business I	nformation					Date:		
Company name:					_ UBI_number:			
Contact name &	title:			Email:				
Address:					_ City:			
Phone: Fax:				# of Empl				
Job Descri	ption/Dutie	e s (Please attach	a formal job descr	iption, if available)				
Job title:			Nun	nber of openings:	Union:	\circ Yes \circ N	0	
Job site address	(if different from	n above):						
Description: (exa	mple: installs, per	forms, etc.)						
Hours/Day	/s/Schedule	:						
Duration of Job:	\bigcirc Part-time:	min\max hrs		\bigcirc Full-time	\bigcirc Seasonal, how	long?	$_$ \bigcirc Contract option	
	Temporary	, how long?		Work	hours:			
Work shifts:	\bigcirc Days	\odot Swing	\odot Graveyard	\bigcirc Rotating	\odot All shifts	○ On-call	○ 24-7	
Work days:	\bigcirc Monday	\bigcirc Tuesday	\bigcirc Wednesday	\bigcirc Thursday	\bigcirc Friday	\odot Saturday	\bigcirc Sunday	
On bus line?				Route line?				
Job Requir			M 4 5 5					
			_Months Experience	: In wha	it discipline?			
	ion/Permit:							
			son, if over 18 requ					
Valid WA state of		\bigcirc Yes Abstra		endorsements: \bigcirc Yes			cle Insurance: O Yes	
	O Outlook			\bigcirc Access	○ PowerPoint			
Clerical skills ne	eded:					Other		
English language	e skills:	\bigcirc Speak	\bigcirc Read	○ Write	\bigcirc Understand	○ Bilingual		
Pre-employment	skills:	\odot Drug test	\odot Criminal back	ground check	\bigcirc Credit check	\bigcirc Bondable	\bigcirc References	
Tools required?				Lifting capacity:	Ibs. Free	quency		

Preferred	d Qualificatio	ns (optional)				
			formation is required to		-	
			Per:			
Additional:			ileage (¢ per mile		(%)	\bigcirc % of load (%)
Benefits:			ision O Vacatio		\bigcirc Paid Holidays	\odot Short Term Disability
	\odot Long Term Dis	ability \circ A	ccidental Death & Disabil	ity O Life Insurar	nce \bigcirc Stock Options	
	\bigcirc Stock Purchase	Plan O P	rofit Sharing	○ Retirement	○ 401(k)	\odot Other pension plan
	\odot Education Assis	stance O C	hildcare Other:			
Closing [Date/Deadline	2				
How to A	Apply (choose best	option)				
			pplication \bigcirc Business	s-specific application	○ Resume	\odot Cover letter
Applicant shou	ıld: O Apply	at WorkSource	\odot Go to business	○ Call business		
	○ Mail	Resume/App	\odot Apply on Website	Other:		
For Office Use	Only: WorkSou	rce staff should:	○ Fax	○ Hold	O Mail	to/for business
	an equal opportunit request to persons		organizations that provi	de employment and tr	raining services. Auxiliary	aids and services are

		121