

REVISED 11/03



Shirley Mobley at the Chester ESC WorkForce Center
764 Wilson Street/ PO Drawer 520
Chester, SC 29706
PHONE: (803) 377-8147 FAX: (803) 581-5262 EMAIL: smobley@sces.org

JOB ORDER INFORMATION

EMPLOYER NAME _____

UI ACCT# _____

*ADDRESS _____

JOB TITLE OF OPEN POSITION _____

CONTACT PERSON _____

EMAIL ADDRESS _____

PHONE # _____ FAX # _____

EXPERIENCE (MOS/YRS) _____ EDUCATION REQUIRED _____ MIN AGE _____

NUMBER OF OPENINGS _____ DURATION: FULL TIME [] PART TIME []

TEMP (HOW LONG?) _____ DAYS/HOURS _____

**SALARY/RATE OF PAY _____

JOB DUTIES

BENEFITS? HOSP INS [] SICK LEAVE [] VACATION [] RETIREMENT []

HOW TO APPLY? APPLICANT CALL [] SEND DIRECT [] OTHER []

JOB LOCATION _____

FORM COMPLETED BY: _____

When the job is filled, please call us and let us know so we can close the order.
*If listing a P.O. Box only, please indicate the actual physical location of the job site.
**If the salary depends on experience, please indicate approximate salary range.

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