

REVISED 10/03

Lancaster Workforce Center
PO Box 1779 705 N. White St.
Lancaster, SC 29706
PHONE: (803) 285-6966 FAX: (803) 286-9599



JOB ORDER INFORMATION

EMPLOYER NAME _____

UI ACCT# _____

*ADDRESS _____

JOB TITLE OF OPEN POSITION _____

CONTACT PERSON _____

EMAIL ADDRESS _____

PHONE # _____ FAX # _____
EXPERIENCE _____ EDUCATION REQUIRED _____ MIN AGE _____
(MOS/YRS) _____

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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