

REVISED 10/03



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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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