



FAST FAX JOB ORDER
 New York State Department of Labor
 207 Genesee Street, Suite 201
 Utica, NY 13501
 Phone: (315) 793-2267 Fax: (315) 793-2216
 Online: www.workforcenewyork.org/cm/job or
www.working-solutions.org/jo_oneida.htm



Date: _____

Employer: Providing information requested on this special job order form will help us understand your hiring needs and assist us in locating the most suitable candidates. **To list a job order, please submit the listing electronically using one of the addresses above, or apply directly online to New York's Job Bank at www.ajb.org/ny or fill out one FAST FAX JOB ORDER form for each job title and send to us via fax or mail**

Company _____ Unemployment Ins. Employer Reg. No. -

Address _____ City _____ State _____ Zip _____

Description of products or services your business provides: _____

Interview contact person _____ Tel. No. () _____ Fax No. () _____

E-Mail address _____ URL/Web Site Address _____

Would you like your company name available to the public on your job listing? Yes No Checking "Yes" allows jobseekers to view your company name, phone number and "how to apply" instructions. Checking "No" will allow job seekers to view only the job title and description. Jobseekers will be required to see an advisor to be screened for your job qualifications. Will this job opening also be listed on:
 Company Website Other Internet Job Board Newspaper Trade Journal other _____

Referral instructions (You may select more than one): Send Candidate to apply in person from _____ to _____

Staff to call first (before sending) Candidate to call first (before coming) from _____ to _____ Complete company application

Mail Resume Fax Resume E-Mail Resume (address) _____

A Job Bank Representative will follow-up on this job order within 30 business days. Person to Contact for follow up _____

Preferred follow up method: Phone No. _____ Fax No. _____ E-Mail address _____

JOB DETAILS

Title of Job Opening _____ Number of Openings _____ Number of Persons you wish to interview _____

Job Location _____ Start Date _____ Are you a FCJL employer? Yes No

JOB DESCRIPTION: Please provide a detailed description of the job. List skills, aptitudes, equipment used/operated, special physical demands or special working conditions. All hiring requirements listed here and checked below must be bona fide occupational qualifications.

Reference/Security Check? Yes No Physical? Yes No Drug Test? Yes No Employment Test? Yes No

Own Tools? Yes No Must Join Union? Yes No Bondable? Yes No

Job is: Full Time Part Time Regular Temporary Duration of Job is: From _____ to _____

Work hours: From _____ to _____ Circle normal workdays: S M Tu W Th F S Overtime? Yes No Mandatory

Years of Education Needed: _____ Specialized Education? (Degree/Certificate/License) _____

Years of Experience Required: _____ Will you accept related experience? Yes No Describe _____

Will you accept a Trainee? Yes No Interested in OJT? Yes No Interested in Apprenticeship? Yes No

Are you on a public transportation route? Yes No Driver's License? Yes: Class _____ No

Salary Range: From \$ _____ to \$ _____ per _____ (hour/week/month/year) Salary Negotiable? Yes No

Health Ins.? Yes No Dental Ins.? Yes No Paid Vacation? Yes No Sick Leave? Yes No

Paid Holidays? Yes No Retirement Plan? Yes No Clothing Allowance? Yes No Child Care? Yes No