



JOB ORDER FORM

Today's Date: ____/____/____

CareerSource Tampa Bay

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Phone: 813-397-2089

The position will be posted on the State of Florida website: www.EmployFlorida.com.

To ensure a complete and accurate posting, please provide detailed information in each area of the Job Order form.

EMPLOYER INFORMATION:

Employer/Company Name: _____ FEIN #: _____

Keep company name confidential? Y or N Type of Business: _____

Are you a Federal Contractor? Y or N Do you prefer to hire Veterans? Y or N

Phone: _____ Fax: _____ Email: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Worksite Location (if different from above and please include Zip Code): _____

POSITION: NOTE → COMMISSION ONLY POSITIONS WILL NOT BE POSTED!

Job Title: _____ Number of Openings: _____

Minimum Education Level required: _____ Years/Months Experience: _____

Required Job Knowledge, Skills and Abilities for position (i.e., certifications, ability to lift amount, etc...):

Preferred Education and /or Skills: _____

Is the position Temporary or 1099? How long will the position last? _____

Driver's license required Y or N If yes, what type? : Operator's CDL class: _____

If CDL license, what endorsements, if any?: _____

Is job accessible to public transportation? Y or N

JOB DESCRIPTION with DAILY TASKS & RESPONSIBILITIES: (Be specific. Attach additional sheets if necessary.) _____

WORK ENVIRONMENT: (i.e., indoor, outdoor, office, warehouse, sitting/standing, A/C, dress code, etc...)

HIRING BENEFITS AND REQUIREMENTS:

(Select One Below)

Pay Rate: Minimum \$ _____ Maximum \$ _____ hourly weekly annually

Pay Comments: Depends on experience Base + Commission Base + Bonus Base + Tips

Do not display salary requirements to job seekers

Workdays: (check all that apply) Mon Tues Wed Thu Fri Sat Sun

Shift (check all that apply): 1st/Day 2nd/Evening 3rd/Night or Graveyard

Shift Hours: Start time _____ End time _____ Total Hrs per week: _____

Position Status (check all that apply): Full-Time Part-Time Both FT & PT PRN (as needed)

Do you offer Benefits? _____ If yes, check all that apply below:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Holidays | <input type="checkbox"/> Stock Options | <input type="checkbox"/> Expense Account |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Retirement/Pension | <input type="checkbox"/> Profit Sharing |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Tuition Assistance | <input type="checkbox"/> Relocation Assistance | <input type="checkbox"/> Extended Sick Leave |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Job Share | <input type="checkbox"/> Uniform Allowance | <input type="checkbox"/> Flexible Benefit Account |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Flex Time | <input type="checkbox"/> Company Vehicle | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> 401 K | <input type="checkbox"/> Other: _____ | |

Pre-employment screenings required? Y or N

If yes, what type (check/circle all that applies)?

Drug Screen: Pre-Employment/Random Background Checks: Local/State/ Federal: How far back? _____ Years

Credit Checks Reference Bonding Motor Vehicle Record Check

Are you a Drug Free Workplace? _____

*For staff purposes only * Acceptable Background Criteria? (Reason: If we are working with someone with a specific background, that we are aware of, we will not discuss your job with them) _____

INTERVIEW/HIRING PROCESS: (Please describe the hiring process, i.e. interview (phone/ panel/ one-on-one) / # of interviews / determination process / assessments or tests)

APPLICATION PROCESS: (How would you like candidates to apply from this listing?)

Email Fax Resume Mail Call for appointment Apply in person

Apply on Company Website: _____

SPECIAL INSTRUCTIONS OR REQUESTS (i.e. specific application times, person to ask for when applying, job code, etc...): _____