



# Job Order Form

# Finger Lakes Region Job Bank

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The information you provide on this form will help us to understand your hiring needs and to locate the most suitable candidates for you. Please fill out **one** Job Order Form for **each** job title and e-mail (MS Word file) to office listed above to place your order. To enter text on the form, click in the first gray field below and begin typing. Then tab or click to the next field to continue. Job orders may also be completed and submitted online at [www.labor.ny.gov](http://www.labor.ny.gov).

## EMPLOYER INFORMATION

<b>Date:</b>		<b>Federal ID:</b>	<b>State ID:</b>		
<b>Business Name:</b>					
<b>Street Address:</b>		City	State	Zip	
<b>Mailing Address:</b>		City	State	Zip	
<b>Telephone:</b>		Fax:	Email:		
<b>Contact Person / Title:</b>		Would you like candidates to apply directly, even if they have not been pre-screened by the Department of Labor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Referral Method:</b> (Select all that apply)	<input type="checkbox"/> Online -- Provide Web address below: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Telephone <input type="checkbox"/> In Person				
<b>Type of Business:</b>					

## JOB INFORMATION

<b>Job Title:</b>						<b>Job Location:</b>		
<b># OF JOB OPENINGS:</b>	<b>Duration:</b> <input type="checkbox"/> Temporary <input type="checkbox"/> Regular <input type="checkbox"/> Seasonal			<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<b>Hours per week:</b>		
<b>Work days per week?</b> (Check all that apply)	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	
<b>Shift:</b>	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Varies	<input type="checkbox"/> Other	Explain:		
<b>Education required:</b>						Licenses/Certificates/Degrees		
<b>Experience required:</b>	Years:	Months:	Acceptable related experience:			Would you accept a trainee: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Wage:</b>	Minimum Pay \$	To	Maximum Pay \$	Per (hour/month/year)				
<b>Driver's License:</b> (if needed to perform job)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class	Public transportation available: <input type="checkbox"/> Yes <input type="checkbox"/> No			Union Affiliation: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Benefits:</b> (Check all that apply)	<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Sick Leave	<b>Other hiring requirements:</b> (check all that apply, all hiring requirements must be bona fide occupational qualifications.)			<input type="checkbox"/> Own Car		
	<input type="checkbox"/> Dental Insurance	<input type="checkbox"/> Holiday Pay				<input type="checkbox"/> Own Tools		
	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Clothing Allowance				<input type="checkbox"/> Drug Screening		
	<input type="checkbox"/> Retirement/401k	<input type="checkbox"/> Child Care				<input type="checkbox"/> Physical Exam (Required only after job offer and if required for job opening.)		
	<input type="checkbox"/> Paid Vacation					<input type="checkbox"/> Reference Check		
<b>Job Description:</b> <i>Brief Explanation of Job Duties</i> (Attach company job description if available)								
<b>The major skills needed to perform job:</b> (In priority order)	1.				3.			
	2.				4.			
<b>YOUR BUSINESS MAY BE ELIGIBLE FOR TAX INCENTIVES AND/OR ON-THE-JOB TRAINING WAGE SUBSIDIES IF YOU HIRE FROM DESIGNATED TARGET GROUPS. WOULD YOU LIKE MORE INFORMATION ON THIS SUBJECT?</b>								<input type="checkbox"/> Yes <input type="checkbox"/> No