TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT





EMPLOYER INFORMATION			JOB INFORMATION			
Are you a first time user of TDLWD Services?			Job Title:			
Name of Company:						
Street Address:			Months Experience Required: Minimum Educational Requirements:			
City:	State:	Zip:	If a test is required who will administer the test, you or your agent? (If Agent please identify)			
Telephone Number:	FAX Number:		Minimum Number of Openings: Number of Applicants to Refer: *(Seebelow) Age: per opening			
Whom to contact:			Duration of Job: Wage/Salary is per:			
Employer's EMail Address:			Less	ess than 4 days Hour Year		
FEIN (Federal Employer ID Number): TN Employer Acco		Account Number:		o 150 days		
Is this job order being listed pursuant to an Affirmative Action Plan? Yes No			Work Hours (i.e., 8:00 AM - 5:00 PM) Work Days (i.e., MON - FRI)			
Are you a <u>Federal Contractor</u> Sub-Contractor? Yes	or County:		How many hours per week?			
*How to refer: Call for Appointment Mail Resume Fax Resume Apply In Person EMail Resume Other (explain)						
Referral address if different		State	Zip	o Code		
Return completed form to: this address or the nearest Career Center or Affiliated Office	this address or Street: the nearest Career Center or		Phone Number: Fax Number: EMail Address: Agency Contact:			
DO NOT WRITE IN THIS SPACE - FOR LABOR AND WORKFORCE DEVELOPMENT USE ONLY.						
ORDER DATE	SIC/NAICS	D.O. ⁻	Г.	JO I		JOB ORDER NUMBER TN