Job Order



*** THE FOLLOWING INFORMATION IS NECESSARY TO PROCESS YOUR JOB OPENING! ***

Your Company	Date:
Company Name:	Contact Person:
Address:	
City:	State: Zip
Phone Number:	Cell Phone Number: Fax Number:
E-mail Address:	Company website Address:
Job Information	
Position Title:	Number of Openings:
Hours per Week:	Full-time Part-time Seasonal
Hours of Operation:	to Work/Shift Hours: to
Work Days: S	M T W Th F Sat Permanent Temporary (duration)
Job Site Location:	
Education Required: (GED/High School Equivalent O Associate Bachelor Master O Doctorate
	Other (please specify)
Months of Experience	Required: Minimum Age:
Type of Experience Re	equired:
Testing Required:	
Certifications Required	d:
Lifting Capacity:	to 20 lbs 21-50 lbs 51-100 lbs over 100 lbs
Valid Driver's License	Required: yes no CDL Required: yes no CDL Endorsements:
Wage and Benefits	
Wage Range: \$	to OHourly OWeekly OBi-weekly OMonthly OYearly
Benefits Offered:	☐401 K ☐ Employee Discount ☐ Retirement
	Child Care Health Insurance Sick Leave
	Clothing/Uniforms Life Insurance Stocks
	☐ Dental Insurance ☐ Paid Holidays ☐ Unemployment Coverage
	Disability Insurance Paid Vacation Vision Insurance
	Education Assistance Profit Sharing Other
Apply Using	Company Application SD Department of Labor and Regulation Application (Form 510)
	Resume Cover Letter
How to Apply	☐ In Person ☐ Call ☐ By Fax ☐ By E-mail ☐ Online at Web site
	Download company application from Web site
	Leave application/resume at South Dakota Department of Labor and Regulation Office
Application Deadline	: Date to Close Job Order:

Description of job duties, physical demands, working conditions and/or equipment used. If available, attach copy of job description.		