

CALHOUN

Bringing Employers and Job Seekers Together

Company Name:		FEID/ FEIN Number	
Primary Contact Person Name & Job Title:			
Contact Phone		Fax	
Company Website		Email	
Physical Location Address		Mailing Address	
SEIN/ Unemployment Account # :			

JOB OPENINGS/ POSITIONS TO FILL

Job Title:		Number of Positions:	
Location(s):			
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	Hours per Week:	Work Environment: <input type="checkbox"/> Inside <input type="checkbox"/> Outside
Shift: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> 12hr		Position: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Minimum Salary: \$		Maximum Salary: \$	
Benefits provided: <input type="checkbox"/> No <input type="checkbox"/> Yes Dress Code: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify)			
How long do you want the job posted? <input type="checkbox"/> 1wk <input type="checkbox"/> 2wks <input type="checkbox"/> 1month <input type="checkbox"/> Other (specify)			
Number of applicants you would consider at this time: <input type="checkbox"/> 10 <input type="checkbox"/> 25 <input type="checkbox"/> Other (specify)			

JOB DUTIES/ JOB DESCRIPTION (Attach a copy of job description if not enough space.)

REQUI RED SKILLS

<input type="checkbox"/> Computer	<input type="checkbox"/> Communication
<input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Social
<input type="checkbox"/> Time Management	<input type="checkbox"/> Decision Making
<input type="checkbox"/> Critical Thinking	<input type="checkbox"/> Accounting
<input type="checkbox"/> Operation and Control	<input type="checkbox"/> Equipment Monitoring & Maintenance
<input type="checkbox"/> Quality Control Analysis	<input type="checkbox"/> Programming
<input type="checkbox"/> Applied Mathematics	<input type="checkbox"/> Problem Solving
<input type="checkbox"/> Managerial	<input type="checkbox"/> Other (specify)

REQUIRED EDUCATION

<input type="checkbox"/> GED/High School Diploma	<input type="checkbox"/> Bachelor's Degree (specify)
<input type="checkbox"/> Industry Certification (specify)	<input type="checkbox"/> Master's Degree (specify)
<input type="checkbox"/> Associate's Degree (specify)	<input type="checkbox"/> WorkKeys® (Required Level)

HIRING REQUIREMENTS

Minimum Age: <input type="checkbox"/> 16yrs <input type="checkbox"/> 18yrs <input type="checkbox"/> 21yrs <input type="checkbox"/> Other (specify)
Driver's License: <input type="checkbox"/> No <input type="checkbox"/> Yes
Commercial Driver's License: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify)
Prior Work Experience: <input type="checkbox"/> None <input type="checkbox"/> 1yr <input type="checkbox"/> 2-5yrs <input type="checkbox"/> >5yrs <input type="checkbox"/> Other (specify)

SCREENING COMPLETED BY EMPLOYER

<input type="checkbox"/> Drug Testing	<input type="checkbox"/> Bonding
<input type="checkbox"/> Background Check	<input type="checkbox"/> Motor Vehicle Record Check
<input type="checkbox"/> Credit Check	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Reference Check	

APPLICATION METHODS

Please select your preferred method(s) for accepting applications.

<input checked="" type="checkbox"/> SCWORKS CENTER REFERRAL, PLUS ONE OF THE FOLLOWING:	
<input type="checkbox"/> Company Website (provide address)	<input type="checkbox"/> Fax
<input type="checkbox"/> Company Application (provide)	<input type="checkbox"/> In person
<input type="checkbox"/> Resume and Cover Letter	<input type="checkbox"/> Generic Application
<input type="checkbox"/> Email (provide address)	<input type="checkbox"/> Regular Mail

CONFIRMATION OF JOB POSTING

Do you want to be notified when the job is posted? <input type="checkbox"/> No <input type="checkbox"/> Yes
Preferred method of confirmation: <input type="checkbox"/> Email <input type="checkbox"/> Phone Call <input type="checkbox"/> Other (specify)

PLEASE RETURN FORM TO

Staff Name:
SCWorks Center Mailing Address:
SCWorks Phone/ Fax/ Email:

ACKNOWLEDGEMENT

My signature below acknowledges that the information I have provided above to be true and accurate.

Employer Signature and Printed Name_____
Date

The SCWorks Centers offer assistance with job orders, referrals, placements, and other business/employer services, which are all Federally funded, in an effort to bring potential Employers and Employees together. If interested in learning more about business/employer services, please notify your local Business Services Representative or you local SCWorks Operator. More information can be located at www.lswia.org