



**New York State Department of Labor**  
**Andrew M. Cuomo, Governor**  
**Colleen Gardner, Commissioner**

**FAST FAX JOB ORDER**  
 New York State Department of Labor  
 207 Genesee Street, Suite 201  
 Utica, NY 13501  
 Phone: (315) 793-2267 Fax: (315) 793-2216  
[www.working-solutions.org/online\\_jo.htm](http://www.working-solutions.org/online_jo.htm)

Date: \_\_\_\_\_

**Employer:** Providing information requested on this special job order form will help us understand your hiring needs and assist us in locating the most suitable candidates. **To list a job order, please submit the listing electronically using the above address, or apply directly online to New York's Job Exchange at [www.labor.ny.gov](http://www.labor.ny.gov), or fill out this FAST FAX JOB ORDER form and send to us via fax or mail.**

Company \_\_\_\_\_ Unemployment Ins. Employer Reg. No.   -

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Description of products or services your business provides: \_\_\_\_\_

Interview contact person \_\_\_\_\_ Tel. No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

E-Mail address \_\_\_\_\_ URL/Web Site Address \_\_\_\_\_

Would you like your company name available to the public on your job listing?  Yes  No **Checking "Yes" allows jobseekers to view your company name, phone number and "how to apply" instructions. Checking "No" will allow job seekers to view only the job title and description. Jobseekers will be required to see an advisor to be screened for your job qualifications. Will this job opening also be listed on:**

Company Website  Other Internet Job Board  Newspaper  Trade Journal  other \_\_\_\_\_

*Referral instructions (You may select more than one):*  Send Candidate to apply in person from \_\_\_\_\_ to \_\_\_\_\_

Staff to call first (before sending)  Candidate to call first (before coming) from \_\_\_\_\_ to \_\_\_\_\_  Complete company application

Mail Resume  Fax Resume  E-Mail Resume (address) \_\_\_\_\_

**JOB DETAILS**

Title of Job Opening \_\_\_\_\_ Number of Openings \_\_\_\_\_ Number of Persons you wish to interview \_\_\_\_\_

Job Location \_\_\_\_\_ Start Date \_\_\_\_\_ Are you a FCJL employer?  Yes  No

**JOB DESCRIPTION:** Please provide a detailed description of the job. List skills, aptitudes, equipment used/operated, special physical demands or special working conditions. All hiring requirements listed here and checked below must be bona fide occupational qualifications.

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Reference/Security Check?  Yes  No Physical?  Yes  No Drug Test?  Yes  No Bondable?  Yes  No  
 Own tools?  Yes  No Must Join Union?  Yes  No

Employment Test?  Yes  No If yes, please provide name and/or type of test: \_\_\_\_\_

Job is:  Full Time  Part Time  Regular  Temporary Duration of Job is: From \_\_\_\_\_ to \_\_\_\_\_

Work hours: From \_\_\_\_\_ to \_\_\_\_\_ Circle normal workdays: S M Tu W Th F S Overtime?  Yes  No  Mandatory

Years of Education Needed: \_\_\_\_\_ Specialized Education? (Degree/Certificate/License) \_\_\_\_\_

Years of Experience Required: \_\_\_\_\_ Will you accept related experience?  Yes  No Describe \_\_\_\_\_

Will you accept a Trainee?  Yes  No Interested in OJT?  Yes  No Interested in Apprenticeship?  Yes  No

Are you on a public transportation route?  Yes  No Driver's License?  Yes: Class \_\_\_\_\_  No

Salary Range: From \$ \_\_\_\_\_ to \$ \_\_\_\_\_ per \_\_\_\_\_ (hour/week/month/year) Salary Negotiable?  Yes  No

Health Ins.?  Yes  No Dental Ins.?  Yes  No Paid Vacation?  Yes  No Sick Leave?  Yes  No

Paid Holidays?  Yes  No Retirement Plan?  Yes  No Clothing Allowance?  Yes  No Child Care?  Yes  No