

Fax to BUSINESS SERVICES (530) 634-7790

1114 Yuba St, Room 218, Marysville, Phone (530) 741-4151

Date _____

of pages _____

EMPLOYER INFORMATION

CA Employer Account # _____ - _____ - _____
 Company Name _____
 Street Address _____
 PO Box _____
 City / State _____
 County / Zip _____
 Phones(s) _____
 Fax _____ (____) _____
 Email Address _____
 Contact Person _____

JOBSITE LOCATION (Complete if different)

Street Address _____
 City / State / Zip _____

REFERRAL INSTRUCTIONS (Check all that apply)

Phone for Appointment Yes No
 Fax Résumé Yes No
 Send Résumé Yes No
 Email Résumé Yes No
 Apply direct between ___ : ___ am & ___ : ___ pm
 Are You a Federal Contractor? Yes No

Does your company offer employee benefits? If yes, please check the appropriate boxes if you would like employee benefits to show on your job listing.

Medical Dental Vision Life Ins Profit Sharing
 Retirement Plan Child Care Paid Sick Leave Paid Vacation Other

JOB OPENING INFORMATION

Job Title _____
 # of Openings _____ Start Date _____
 Experience Required Years _____ Months _____
 Education Required Not Required 9th-12th Grade
 H.S. / GED Some Post H.S.
 Associates Bachelors Degree
 Masters Doctorate
 Other Post Secondary School or Training
 Starting Wage _____ per _____ Negotiable Yes No
 Duration Temporary Long Term
 Hrs per/ Week 1-20 21-30 31-40 40+
 Shift Day Swing Grave Any
 Drivers License Yes No
 Class A B C M
 DMV Printout Required Yes No
 Typing (WPM) _____
 List job duties and requirements (work performed, equipment / materials used, physical activities, training skills, knowledge and abilities). Attach additional sheet if necessary.

I understand that listing a job in the public system will provide sufficient information for the applicant to contact the employer directly, in order to comply with the Information Practices Act, please read this brief statement. In submitting this job order, I agree to hold the State of California and the Employment Development Department harmless of any use of CALJOBS information for reasons other than the stated purpose. Please note: EDD does not verify applicant supplied information.

 Name and Title of Employer / Representative

 Date