

Oklahoma State Employment Service

JOB ORDER FAX



"A One Stop Career Center Partner"

Number of pages: _____	Date: _____	Time: _____
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Company Name: _____ FEI# _____

Address: _____

Contact Person: _____

Phone Number: _____ FAX Number: _____

Job Title: _____	
Job Description: _____	
Skills Required: _____	
Experience / Education Required: _____	
Number of Openings: _____	How to Refer Applicants <input type="checkbox"/> Call for Appointment <input type="checkbox"/> Send Direct <input type="checkbox"/> Forward Resume <input type="checkbox"/> Forward Application Benefits Available <input type="checkbox"/> Vacation <input type="checkbox"/> Sick Leave <input type="checkbox"/> Health Insurance <input type="checkbox"/> Dental Insurance <input type="checkbox"/> Life Insurance <input type="checkbox"/> Retirement / 401K Plan <input type="checkbox"/> Profit Sharing
Salary Range: _____	
Hours Worked per Week: _____	
Normal Work Days: _____	
Normal Work Hours: _____	
Federal Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No	