



# JOB ORDER FORM

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Return to:  
CareerSource Pinellas

Today's Date: \_\_\_\_\_

[cspjoborders@careersourcepinellas.com](mailto:cspjoborders@careersourcepinellas.com)

Fax: 727-791-5891

Phone: 727-524-4344

The position will be posted on the State of Florida website: [www.EmployFlorida.com](http://www.EmployFlorida.com).

If your company does not have an existing Employ Florida Registration by completing this form you are providing you consent for our staff to create an Employ Florida registration on your behalf to post your company's job opening.

Employers may self-enter jobs on the Employ Florida website or fill out the job order form below and a staff member will enter it into the system on your behalf. To ensure a complete and accurate posting, please provide detailed information in each area of the job order form.

**\*All fields highlighted in red are required fields\***

## EMPLOYER INFORMATION:

Employer/Company Name: \_\_\_\_\_ FEIN #: \_\_\_\_\_

Keep company name confidential?  Y  N Type of Business: \_\_\_\_\_

Are you a Federal Contractor?  Y or  N Do you prefer to hire Veterans?  Y or  N

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Worksite Location (if different from above and please include Zip Code): \_\_\_\_\_

## POSITION: NOTE → COMMISSION ONLY POSITIONS WILL NOT BE POSTED!

Job Title: \_\_\_\_\_ Number of Openings: \_\_\_\_\_

Minimum Education Level required: \_\_\_\_\_ Years/Months Experience: \_\_\_\_\_

Required Job Knowledge, Skills and Abilities for position (i.e., certifications, ability to lift amount, etc...): \_\_\_\_\_

Preferred Education and /or Skills: \_\_\_\_\_

Is the position  Temporary or  Permanent Is the position W2 or 1099? \_\_\_\_\_

Driver's license required  Y or  N If yes, what type?  Operator's  CDL class: \_\_\_\_\_

If CDL license, what endorsements, if any? \_\_\_\_\_

Is job accessible to public transportation?  Y or  N

**JOB DESCRIPTION with DAILY TASKS & RESPONSIBILITIES:** (Be specific. Attach additional sheets if necessary.) \_\_\_\_\_



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**WORK ENVIRONMENT:** (i.e., indoor, outdoor, office, warehouse, sitting/standing, A/C, dress code, etc...)

## HIRING BENEFITS AND REQUIREMENTS:

(Select One Below)

Pay Rate: Minimum \$ \_\_\_\_\_ Maximum \$ \_\_\_\_\_  Hourly  Weekly  Annually

Pay Comments:  Depends on experience  Salary + Commission  Salary + Bonus  Salary + Tips

If Pay Rate is not listed above, is the wage rate(s) for the listing(s) greater than or equal to the Florida Minimum Wage  Y or  N

Workdays: (check all that apply)  Mon  Tues  Wed  Thu  Fri  Sat  Sun

Shift (check all that apply)  1st/Day  2nd/Evening  3rd/Night or Graveyard

Shift Hours: Start time \_\_\_\_\_ End time \_\_\_\_\_ Total Hours per week: \_\_\_\_\_

Position Status: Full-Time, Part-Time, Both FT & PT, or PRN (as needed) \_\_\_\_\_

Do you offer Benefits? \_\_\_\_\_ If yes, check all that apply below:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Medical        | <input type="checkbox"/> Holidays           | <input type="checkbox"/> Stock Options         | <input type="checkbox"/> Expense Account          |
| <input type="checkbox"/> Dental         | <input type="checkbox"/> Sick Leave         | <input type="checkbox"/> Retirement/Pension    | <input type="checkbox"/> Profit Sharing           |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Tuition Assistance | <input type="checkbox"/> Relocation Assistance | <input type="checkbox"/> Extended Sick Leave      |
| <input type="checkbox"/> Vision         | <input type="checkbox"/> Job Share          | <input type="checkbox"/> Uniform Allowance     | <input type="checkbox"/> Flexible Benefit Account |
| <input type="checkbox"/> Child Care     | <input type="checkbox"/> Flex Time          | <input type="checkbox"/> Company Vehicle       | <input type="checkbox"/> Meals                    |
| <input type="checkbox"/> Vacation       | <input type="checkbox"/> 401 K              | <input type="checkbox"/> Other: _____          |   |

Pre-employment screenings required? (Yes of No) \_\_\_\_\_ If yes, what type (check/circle all that applies)?

Drug Screen:  Pre-Employment  Random Background Checks:  Local  State  Federal: How far back? \_\_\_\_\_ Years

Credit Checks  Reference  Bonding  Motor Vehicle Record Check

Are you a Drug Free Workplace? \_\_\_\_\_

\*For staff purposes only \* Acceptable Background Criteria? (Reason: If we are working with someone with a specific background, that we are aware of, we will not discuss your job with them) \_\_\_\_\_

**INTERVIEW/HIRING PROCESS:** (Please describe the hiring process, i.e. interview (phone/ panel/ one-on-one/ # of interviews / determination process / assessments or tests) \_\_\_\_\_

**APPLICATION PROCESS:** (How would you like candidates to apply for this listing?)

Email  Fax Resume  Mail  Call for appointment  Apply in person

Apply on Company Website: \_\_\_\_\_

**SPECIAL INSTRUCTIONS OR REQUESTS** (i.e. specific application times, person to ask for when applying, job code, etc...): \_\_\_\_\_

*An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Services at 711.*