



JOB ORDER FORM

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Return to: CareerSource
Hillsborough Pinellas

Today's Date: _____

cspjoborders@careersourcehp.com

Fax: 727-791-5891

Phone: 727-524-4344

The position will be posted on the State of Florida website: 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.