



Van Wert County

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# Employer Job Order Sheet

120 E. Main St.  
Van Wert, OH 45891  
Phone: (419)623-4437  
Fax: (419)238-6060

**Attn:** Mindy Eales

<b>Company Name</b>		<b>Federal ID# (FEIN) or (UCAN)</b>		<b>Date</b>	
<b>Address</b>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
<b>Contact Person &amp; Title</b>		<b>Telephone #</b>	<b>Fax #</b>		
<b>Worksite Address</b> <i>(if different from above)</i>		<b>Email/Website Address</b>			
<b>Job Title</b>		<b># Openings</b>	<b># Referrals Wanted</b>		
<b>Job Description:</b> <i>Briefly describe the job duties, skills, software, equipment, machinery &amp; physical demands required. ( Fax a detailed job description if available.)</i>			<b>Method of Contact?</b> <input type="checkbox"/> Mail Resume <input type="checkbox"/> Fax Resume <input type="checkbox"/> Email Resume <input type="checkbox"/> Apply in Person <input type="checkbox"/> Telephone Call <input type="checkbox"/> Contact OMJ		
<b>Years Exp. Req.</b>	<b>Minimum Education Required</b>		<b>Degree/Cert/License</b>		
<b>Minimum Age</b>	<b>Will Train?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Related experience acceptable:</b>			
<b>Job Length:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hrs/week <input type="checkbox"/> Temporary _____ duration					
<b>Work Hours:</b> S   M   T   W   F   S From _____ to _____		<input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3rd shift <input type="checkbox"/> Rotating Shift <input type="checkbox"/> Weekend	<b>Wages: (Info required to process)</b> From \$ _____ to \$ _____ <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year		
<b>Benefits:</b> <input type="checkbox"/> Health Insuranc <input type="checkbox"/> Dental Ins. <input type="checkbox"/> Sick Leave <input type="checkbox"/> 401k/Retirement Plan <input type="checkbox"/> Vacation <input type="checkbox"/> Holiday Pay <input type="checkbox"/> Paid Holidays <input type="checkbox"/> Child Care <input type="checkbox"/> Education Assistance <input type="checkbox"/> No Benefits					
<b>Hiring Requirements:</b> <input type="checkbox"/> Driver's License <input type="checkbox"/> Physical <input type="checkbox"/> Own Tools Required <input type="checkbox"/> Bondable Type _____ <input type="checkbox"/> Use Own Car <input type="checkbox"/> Lifting Req ___ lbs <input type="checkbox"/> Drug Test <input type="checkbox"/> Driving Record Check <input type="checkbox"/> Reference Check <input type="checkbox"/> Other _____					