

# JOB ORDER FORM - COASTAL WORKFORCE CENTER

Date \_\_\_\_\_ **UI Acct. # or Fed Tax ID #** \_\_\_\_\_

Employer Name \_\_\_\_\_ Corporate Name \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone # \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person/Title \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Job Location \_\_\_\_\_ Directions/Landmarks \_\_\_\_\_

How did you hear about our Agency? \_\_\_\_\_

Company Job Title \_\_\_\_\_ Deadline to Apply \_\_\_\_\_

# Openings \_\_\_\_\_ (please circle) Full Time Part Time Permanent Temporary Seasonal

Days: S M T W Th F S Hrs to start \_\_\_\_\_ : \_\_\_\_\_ am/pm End \_\_\_\_\_ : \_\_\_\_\_ am/pm # HRS PER Wk \_\_\_\_\_

(Please Circle) Drug Screen Credit Check Background Check Sled Check Physical Required

Heaviest lifting for position \_\_\_\_\_ Uniforms Provided: Y or N Steel Toed Boots? \_\_\_\_\_

Driver's license required? Yes No CDL A B Endorsements H N P T X

Own vehicle required? Yes No Own tools required? Y N

Years/months Experience \_\_\_\_\_ Education \_\_\_\_\_

Computer literate? Yes No \*\*\*\*\* Software Required \_\_\_\_\_

Salary: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_ Bonus/Commission \_\_\_\_\_

Benefits: \_\_\_\_\_ Discounts \_\_\_\_\_ Probation/Salary Review In \_\_\_\_\_ Days

How To Apply (please circle) In Person/Phone : (Day/Time) \_\_\_\_\_

Mail /Email /Fax Resume or Generic/Company Application or Complete at Coastal Workforce Center to  
Be Mailed/ Faxed/ or Picked Up by Employer \_\_\_\_\_

Job Description \_\_\_\_\_

Comments \_\_\_\_\_

**Phone (843) 234-9675 Fax (843) 234-0352 Attn: Job Order Writer**

Web Site [www.sces.org](http://www.sces.org)

E-mail [coastalworkforce@sces.org](mailto:coastalworkforce@sces.org)

Rev 06-26-03

Listen & Look for us on the Radio & TV! 94.9 the Surf @12:20 m-f & on WPDE-15 @ 12:20 Mondays