



Job Order Form

GLOW Region Job Bank

Telephone: (585) 243 . 7047

Fax: (585) 243 . 7598

Email: geneseo.does@labor.ny.gov



The information you provide on this form will help us to understand your hiring needs and to locate the most suitable candidates for you. **Please fill out one Job Order Form for each job title and fax, mail, or email (MS Word file) to office listed above to place your order.** To enter text on the form, click in the first gray field below and begin typing. Then tab or click to the next field to continue.

EMPLOYER INFORMATION

Date:		Federal ID:	State ID:		
Business Name:					
Street Address:		City:	State:	Zip:	
Mailing Address:		City:	State:	Zip:	
Telephone:		Fax:	Email:		
Contact Person / Title:	The NYS Department of Labor will *PRE-QUALIFY candidates unless otherwise instructed <input type="checkbox"/> "OK " <input type="checkbox"/> "Not OK" *ONLY to ensure customer has "MINIMUM QUALIFICATIONS"				
Referral Method: (Select all that apply)	<input type="checkbox"/> Online : Provide Internet Address <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Telephone <input type="checkbox"/> In Person				
Type of Business:					

JOB INFORMATION

Job Title:						Job Location:		
# OF JOB OPENINGS:		Duration: <input type="checkbox"/> Temporary <input type="checkbox"/> Regular <input type="checkbox"/> Seasonal				<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	Hours per week:
Work days per week? (Check all that apply)	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	
Shift:	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Varies	<input type="checkbox"/> Other	Explain:		
Education required:						Licenses/Certificates/Degrees		
Experience required:	Years:	Months:	Acceptable related experience:			Would you accept a trainee: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Wage:	Minimum Pay \$	To	Maximum Pay \$	Per (hour/month/year)				
Driver's License: (ONLY if needed to perform job)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class	Public transportation available: <input type="checkbox"/> Yes <input type="checkbox"/> No			Union Affiliation: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Benefits: (Check all that apply)	<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Sick Leave	Other hiring requirements: (check all that apply, all hiring requirements must be <i>bona fide occupational requirements</i>)			<input type="checkbox"/> Own Tools	<input type="checkbox"/> Drug Screening	
	<input type="checkbox"/> Dental Insurance	<input type="checkbox"/> Holiday Pay				<input type="checkbox"/> Physical Exam (Required only after job offer and if required for job opening.)		
	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Clothing Allowance				<input type="checkbox"/> Reference Check		
	<input type="checkbox"/> Retirement/401k	<input type="checkbox"/> Child Care				<input type="checkbox"/> Other:		
	<input type="checkbox"/> Paid Vacation	<input type="checkbox"/> Other:						
Job Description: <i>Brief Explanation of Job Duties</i> (Attach company job description if available)								
The major skills needed to perform job: (In priority order)	1.		3.		2.		4.	
DOES YOUR BUSINESS HAVE A FEDERAL CONTRACT REQUIRING JOB OPENINGS TO BE LISTED WITH THE DEPARTMENT OF LABOR? <input type="checkbox"/> Yes <input type="checkbox"/> No								
IF "YES" WHEN DOES THE (FCJL) CONTRACT EXPIRE? (mm/dd/yyyy)								
DOES YOUR BUSINESS WISH TO RECEIVE MORE INFORMATION ON TAX INCENTIVES FOR HIRING FROM TARGETED GROUPS? <input type="checkbox"/> Yes <input type="checkbox"/> No								