



Marion County
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American Job Center network

Employer Job Posting

The information below will be used to post an opening for your company. It will also assist us in searching for qualified candidates and referring them to your organization. Please complete this form and email it to OMJMarion@jfs.ohio.gov or fax it to (740) 387-2175, or mail to 622 Leader Street, Marion, OH 43302. We can also take the information over the phone, please call Annette W. at (740)-386-1076. The posting will be posted within 24 hours.

Company Name		Federal ID# (FEIN)		Date	
Address <i>Street</i>		<i>City</i>		<i>State</i> <i>Zip Code</i>	
Contact Person & Title			Telephone #		Fax #
Worksite Address (if different from above)			E-Mail/Website Address		
Job Title			# Openings		# Referrals wanted
Job Description: Briefly describe the job duties, skills, software, equipment, machinery, & physical demands required. (or fax a detailed job description if available.) _____ _____ _____ _____			Method of Contact? <input type="checkbox"/> Mail resume <input type="checkbox"/> Fax resume <input type="checkbox"/> E-mail resume: _____ <input type="checkbox"/> Apply in person <input type="checkbox"/> Apply online: _____ <input type="checkbox"/> Telephone call: _____ <input type="checkbox"/> Contact One Stop <input type="checkbox"/> Pick up apps <input type="checkbox"/> Original App only <input type="checkbox"/> Mail applications (Address Above)		
Years of experience req		Minimum education req		Degree/Cert/License	
Minimum age		Will train? <input type="checkbox"/> Yes <input type="checkbox"/> No		Related experience acceptable:	
Job Length:					
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time _____ hrs per week <input type="checkbox"/> Temporary _____ duration					
Work Hours: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S From _____ to _____		<input type="checkbox"/> 1 st Shift* <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift <input type="checkbox"/> Rotating Shift <input type="checkbox"/> Split Shift		Wages: (Info required to process) From \$ _____ to \$ _____ <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year	
Benefits:					
<input type="checkbox"/> Health Insurance <input type="checkbox"/> Dental Insurance <input type="checkbox"/> 401K/Retirement Plan <input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation <input type="checkbox"/> Holiday Pay <input type="checkbox"/> Paid Holidays <input type="checkbox"/> Education Assistance <input type="checkbox"/> Child Care <input type="checkbox"/> No Benefits					
Hiring Requirements:					
<input type="checkbox"/> Driver's License Type _____		<input type="checkbox"/> Physical <input type="checkbox"/> Use Own Car		<input type="checkbox"/> Drug Test <input type="checkbox"/> Bondable	
<input type="checkbox"/> Driving Record Check		<input type="checkbox"/> Reference Check		<input type="checkbox"/> Lifting Req _____ lbs <input type="checkbox"/> Own Tools Req	
<input type="checkbox"/> Other _____					