

**OhioMeansJobs.****Marion County**A proud partner of the
American Job Center network

Employer Information

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 OhioMeansJobs Marion County at OMJMarion@jfs.ohio.gov, 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 at (740)-386-1076 and she will take the information and get it posted the same day.

Company Name		Federal ID# (FEIN) or (UCAN)		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			
How long have you been in business in this area? _____ years		Layoffs: <input type="checkbox"/> Yes <input type="checkbox"/> No		Staffing agency: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title		# Openings		# Referrals wanted	
Job Description: <i>Briefly describe the job duties, skills, software, equipment, machinery, & physical demands required. (Fax a detailed job description if available.)</i> _____ Hiring Pattern: _____ Turn Over: _____				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 OMJ Marion <input type="checkbox"/> Pick up apps <input type="checkbox"/> Original App only <input type="checkbox"/> Mail applications	
Years 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: S M T W T F 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 <input type="checkbox"/> Physical <input type="checkbox"/> Drug Test <input type="checkbox"/> Lifting Req ____ lbs Type _____ <input type="checkbox"/> Use Own Car <input type="checkbox"/> Bondable <input type="checkbox"/> Other _____ <input type="checkbox"/> Driving Record Check <input type="checkbox"/> Reference Check <input type="checkbox"/> Own Tools Req					

