

THIS BOX FOR TERO USE ONLY

JO# _____-2010____-JO Received: Time _____ am/pm Date _____ Received By: _____
 Date JO Completed: _____ Work Permit Requested By: _____ WP # _____ Approved By: _____

Employer: _____ Contact Person: _____

Phone: _____ Mobile Phone: _____ Fax: _____

Email: _____ Address: _____

Physical Location of Job: _____

Job Title: _____ No. of Positions: _____ Rate of Pay \$ _____ Per _____

Date Needed: _____ Hours: _____ Job Is? Full Time Part Time Permanent Temporary

Job will last? 1-5 days 1-2 Weeks 30-45 Days Over 150 days M-F Weekends Shift/Swing

Driver's License required? Yes No Preferably CDL? A B C D MVR Required? Yes No

Certification Required: OSHA Haz-Mat or Haz-Wopper CPR/First Aid Flagger Certification Food Handler EMT or CNA

Other, identify: _____

Working Conditions/Physical Demands: _____

Skills/Training: _____

Report Date: _____ Time: _____ am pm Report to: _____

Special Instructions: _____

Work Clothing Required: _____

Alcohol/Drug Test Required? Yes No Physical Required? Yes No Testing Center/Lab: _____

REFERRALS/CONTACT INFORMATION

	Referred Yes/No	Name	Phone #'s	Hired	Comment
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					