## TENNESSEE DEPA

## JOB (

Are you a first time user of TDLWD Services?  Yes  No  Job Title:    Name of Company:  Street Address:  Months Experiences Required:  Minimum Educational Requirements    City:  State:  Zip:  If a test is required who will administer the test, you or you agent?    Telephone Number:  FAX Number:  Minimum Number of Applicants to Refer: *(See below)    Whom to contact:  Duration of Job:  Wage/Salary is per opening    Employer's EMail Address:  Duration of Job:  Wage/Salary is per (	E	MPLOYER INF	ORMATIC	ON		JOB INFORMATION				
Street Address:  Months Experience Required:  Minimum Educational Requirements    City:  State:  Zip:  If a test is required who will administer the test, you or your agent?    (If Agent please identify)  Telephone Number:  FAX Number:  Minimum Number of Applicants to Refer: *(See belaw)    Whom to contact:  Duration of Job:  Wage/Salary is  per opening    Employer's EMail Address:  Duration of Job:  Wage/Salary is  per opening    FEIN (Federal Employer ID Number)  Th Employer Account Number:  Hour  Year    4 to 150 days  Week  Commission (%)    Permanent  Month  Other (Specify)    Mait mative Action Plan?  Yes  No  Work Hours (i.e., 8:00 AM - 5:00 PM)  Work Days    Month Startactor?  Yes  No  Work Hours (i.e., 8:00 AM - 5:00 PM)  Work Days    Mutube color being listed pursuant to an Sub-Contractor?  Work Hours (i.e., 8:00 AM - 5:00 PM)  Work Days    Morth  Strees  No  Work Hours (i.e., 8:00 AM - 5:00 PM)  Work Days    (List most important duties, special requirements first - the job summary space in data system is limited to 300 characters.)  (Include tools used, machines operated, duties, and essential f	Are you a first tir	me user of TDLWD Se	rvices? Y	'es No	Job Title:					
City:  State:  Zip:  If a test is required who will administer the test, you or your agent?    Telephone Number:  FAX Number:  Minimum Number of Mumber of Applicants to Refer: *(See below)    Mom to contact:	Name of Compa	iny:								
Telephone Number:  FAX Number:  Minimum Number of Applicants to Refer: *(Seebelow)    Whom to contact:  Duration of Job:  Less than 4 days    Employer's EMail Address:  Duration of Job:  Less than 4 days    FEIN (Federal Employer ID Number)  TN Employer Account Number:  Permanent  Work Hours (i.e., 8:00 AM - 5:00 PM)    St his job order being listed pursuant to an Affirmative Action Plan?  No  Work Hours (i.e., 8:00 AM - 5:00 PM)  Work Days (i.e., MON - FRI)    Sub-Contractor?  Yes  No  Work Hours (i.e., 8:00 AM - 5:00 PM)  Work Days (i.e., MON - FRI)    Less than 4 days  Duration of Lob:  Dependent Contractor or Sub-Contractor or No  County:  Work Hours (i.e., 8:00 AM - 5:00 PM)  Work Days (i.e., MON - FRI)    Loss timportant duties, special requirements first - the job summary space in data system is limited to 300 characters.)  (Include tools used, machines operated, duties, and essential functions) Also include additional instructions/information not covered above    How to refer:  Call for Appointment  Mail Resume  Fax Resume  Apply In Person  EMail Resume	Street Address:				Months Ex	Months Experience Required: Minimum Educational Requirements:				
Mom to contact:  Age:  Openings: per opening    Employer's EMail Address:  Duration of Job:  Wage/Salary isper per    FEIN (Federal Employer ID Number)  TN Employer Account Number:  Hour  Year  Year    FEIN (Federal Employer ID Number)  TN Employer Account Number:  Permanent  Month  Other (Specify	City:	S	State:	Zip:				ster the te	est, you or your agent?	
Employer's EMail Address:  Duration of Job:  Wage/Salary is per:    FEIN (Federal Employer ID Number)  TN Employer Account Number:  Hour  Year    FEIN (Federal Employer ID Number)  TN Employer Account Number:  Permanent  Month  Other (Specify	-		AX Number:			Age: Openings:				
Employer's EMail Address:  Less than 4 days  Hour  Year    FEIN (Federal Employer ID Number)  TN Employer Account Number:  Permanent  Week  Commission (%)    Is this job order being listed pursuant to an  Month  Other (Specify	Whom to contac	t:			Duration of	f.lob	Wane/Sa	arv is	ner:	
FEIN (Federal Employer ID Number)  TN Employer Account Number:  Permanent  Month  Other (Specify	Employer's EMa	il Address:					-	-	-	
Permanent  Month  Other (Specify    Is this job order being listed pursuant to an  Mork Hours (i.e., 8:00 AM - 5:00 PM)  Work Days (i.e., MON - FRI)    Are you a <u>Edderal Contractor or Sub-Contractor? Yes No</u> County:  How many hours per week?  (i.e., MON - FRI)    How many hours per week?  No  Mork Hours (i.e., 8:00 AM - 5:00 PM)  Work Days (i.e., MON - FRI)    Sub-Contractor? Yes No  County:  How many hours per week?  (i.e., MON - FRI)    JOB DESCRIPTION  List most important duties, special requirements first the job summary space in data system is limited to 300 characters.)  (Include tools used, machines operated, duties, and essential functions) Also include additional instructions/information not covered above    How to refer:  Call for Appointment  Mail Resume  Fax Resume  Apply In Person  EMail Resume	EEINI (Ecdorel F				. 4 to 1	50 days	Wee	k C	ommission ( %)	
Affirmative Action Plan?  Yes  No						anent	Mon	th O	ther (Specify	
Sub-Contractor?  Yes  No    JOB DESCRIPTION    (List most important duties, special requirements first - the job summary space in data system is limited to 300 characters.)    (Include tools used, machines operated, duties, and essential functions) Also include additional instructions/information not covered above    How to refer:  Call for Appointment    Mail Resume  Fax Resume  Apply In Person  EMail Resume					Work Hou	rs (i.e., 8:00	AM - 5:00			
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		used, machines opera	ated, duties, a	ements first the	e job summary	space in dat				
Other (explain)	How to refer:	Call for Appointm	nent Me	ail Resume	Fax Resur	ne	Apply In	Person	EMail Resume	
		Other (explain) _								
				Street						

		City	State Zi	ip Code
Return completed form to: this address or the nearest Career Center or Affiliated Office	Office Name: Street: City/State: Zip:	City/State:		r:
DO NOT	WRITE IN THIS SPACE	- FOR LABOR AND WORK	FORCE DEVELOPM	ENT USE ONLY.
ORDER DATE	SIC/NAICS	D.O.T.	JO ID#	JOB ORDER NUMBER
				TN