

NEW YORK STATE DEPARTMENT OF LABOR

Fast Fax JOB ORDER FORM

Dept. of Labor/Finger Lakes Works

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EMPLOYER: Please complete one Fast Fax Form for each job title and fax/email/mail to us. If you prefer, to place your job order by telephone, please use this form as a guide.

UNEMPLOYMENT INSURANCE OR FEIN INSURANCE NUMBER: -

COMPANY NAME:

ADDRESS CITY STATE ZIP

TELEPHONE# ( ) EXT. FAX# ( )

E-MAIL ADDRESS

NAME OF PERSON TO CONTACT FOR INTERVIEW TITLE

WHAT GOODS/SERVICES DOES THE COMPANY PRODUCE?

TITLE OF JOB OPENING NUMBER OF OPENINGS

REFERRAL METHOD: Mail/Fax/Email Resume Apply in Person Applicant call for an appt Labor Dept. call

JOB REQUIREMENTS

Years of Education Needed Specialized Education? (Type of Degree)

Years of Experience Required Will you accept a trainee? YES NO

Will you accept related experience? Yes No If YES, specify:

Job is: Full Time Part Time Hours per Week Temporary From To

Work Hours: From To Overtime: Yes No Check Normal Work Days: S M T W Th F S

Salary Range: From \$ to \$ Salary Negotiable?

Location of Job

JOB DESCRIPTION

Please describe what the person's job duties will be. List skills, aptitudes, equipment used or operated, special physical demands, or special working conditions. Use additional sheets if necessary. Attach company job description if available.

Job Description:

OTHER HIRING REQUIREMENTS/BENEFITS

Driver's License Yes No Class
Own Tools Yes No
Physical Exam\* Yes No
Employment/ Security Test Yes No Test Name
Bondable Yes No
Must join union Yes No

Health Insurance Yes No
Dental Insurance Yes No
Paid Vacation Yes No
Retirement Plan Yes No
Holiday Pay Yes No
Sick Pay Yes No
Uniform/Clothing Allowance Yes No

\*Required only after job offer and if required for job opening.

(11/02) ALL HIRING REQUIREMENTS MUST BE BONAFIDE OCCUPATIONAL QUALIFICATIONS

Referred by Ontario County Economic Development