



JOB ORDER

www.azjobconnection.gov

Please be as detailed as possible. *(Required fields are highlighted in red/marked with an asterisk)*

*Federal Employer Identification No. (FEIN): _____ *Date: _____
 *E-Mail Address: _____ *Employer/Company Name: _____
 *Address: (No., Street - Do not list a P.O. Box): _____
 *City: _____ *State: _____ *ZIP Code: _____ *County: _____
 *Contact Person's Name (First, Last): _____
 *Contact Person's Title: _____ *Phone No.: _____ Extension: _____
 Other: _____ Fax No.: _____ Company Website: _____
 *How many people do you employ? _____ *Which best describes your company? _____
 *Third-party recruiter/staffing agency? _____ *Are you a federal contractor? _____
 *Company Description/Type of Business _____

*Job Title: _____ *How many positions are available? _____
 *Date to Publish: _____ *Expiration Date: _____ *Remote work opportunity? _____
 *Is driving an essential function of this job? _____ *Valid Driver's License Required _____
 *Driver's License Requirement: _____
 License Endorsements/Restrictions: _____
 *Job site accessible to public transportation? _____ *Years of experience required: _____ Years _____ Months
 *Education requirement: _____
 Other Professional Degree (Please describe): _____

Shifts Available (Check all that apply):

Day Shift Evening Shift Night Shift Rotating Shift Split Shift Multiple Shifts Available

*This position is (Select only one): _____
 *Average Hours Per Week: _____ *Is Overtime Available: _____ *On-the-Job Training Offered: _____
 *Display wages? _____ *Salary: _____ *Salary Range: Minimum \$ _____ Maximum \$ _____
 *Job Description (Example: General tasks, Main duties/responsibilities, Working conditions):

*Job Requirements (Example: Certifications required/preferred, Must be able to lift 50 lbs., Travel required one week per month, Must pass drug test/background check, etc.):

Job Benefits (*Check all that apply*):

Medical	Dental	Life Insurance	Paid Time Off	Vision	Tuition Reimbursement	401K
None	Other (<i>Please describe</i>) _____					

*How do you want your job to display? (*Please select ONE*)

Applicant Reply Method - How to apply (*Please select a minimum of ONE*)

Email _____	Phone _____
Mail _____	In Person (<i>Days and Hours</i>) _____
Through Recruiter _____	Fax _____
Workforce Center _____	Application URL _____
Company Website _____	Other (<i>Please describe</i>) _____