

JOB LISTING FORM

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | | | **Federal ID# (FEIN):** | | | | | | | | | |
| **Company Name:** | | | | | | | | | | | | |
| **Street Address:** | | | **City:** | | | | | | **State:** | | | **Zip Code:** |
| **Contact Person and Title:** | | | | | | | | | | | | |
| **Phone Number:** | | | **Cell/Alternate:** | | | | | | **Fax Number:** | | | |
| **Email Address:** | | | | | | | **Company Website Address:** | | | | | |
| ***Worksite address, if different from above:*** | | | | | | | | | | | | |
| Option 1 - Job details, employer name, and contact information will be displayed online.  Option 2 - No employer contact information is displayed online. Customer must be referred by staff. Customer will be provided   employer designated method of application after staff screening. (Suppressed)  Option 3 - This job is not to be displayed online and is only available to staff. (Not Online) | | | | | | | | | | | | |
| **Position Title:** | | | **# of Openings:** | | | | |  | | |  | |
| **Hours/week:**  **Full Time/Part Time/Temporary:**  **Length of Assignment, if Temporary:** | | | **Job Description: (\*\****Must attach a document describing*  *job duties, skills required, and, if applicable, equipment used,*  *physical demands, and working conditions)* | | | | | | | | | |
| **Knowledge, Skills and Abilities Required:** | | | | | | **Certificates/Endorsements Required:** | | | | | | |
| **Computer Programs Required:** | | | | | | **Length of Experience Required:** | | | | | | |
| **Minimum Education Required:** | | **Degree Required:** | | | **Hiring Requirements:**  Valid Driver’s  License  Access to Tools  Physical Required  Reference Check  Criminal Record  Credit Check  Drug Screen | | | | | | Bonding  MVR Check  Clean Driving Record  CDL Class  Transportation  Employment Test  \*Type of Employment  Test: | |
| **Minimum Age/Reason:** | | **Will accept trainee?**  **Yes**   **No** | | |  | | | | | |  | |
| **Federal Contractor:  Yes  No**  **Veteran’s Preference:  Yes  No** | | **Is job accessible by public transportation?**  **Yes**   **No** | | |  | | | | | |  | |
| **Wages:**    **From: $**  **To: $**  Hourly  Annually  Weekly Monthly | **1st Shift**  **2nd Shift**  **3rd Shift**  **Rotating**  **Overtime**  **HoursVary** | **Work Days**  Sunday   **Schedule:**  Monday  Start Time:  Tuesday \_\_\_\_\_\_\_\_\_  Wednesday End Time:  Thursday \_\_\_\_\_\_\_\_\_  Friday  Saturday  Hours Vary | | | **Benefits:** (Check all that apply)  Medial Ins  Vision Ins  STD  LTD  AD&D  Dental Ins  Life Ins | | | | | Stock Plan  401 K  Retirement  Paid Vacation  Paid Holidays  Paid Sick Leave  Other: | | |
| **How would your company/organization prefer to receive applicant/referral information (check all that apply)?** | | | | | | | | | | | | |
| Apply in Person  Via Company Website  Email Resume  Mail Resume | | | | EF Resume  EF Online Application  Fax Resume Provide  Apply at One Stop Center | | | | | | | | |
| Does a court ordered affirmative action plan require posting this job order?  **Yes**   **No**  .Does this job order require security clearance?  **Yes**   **No**  Is this job order for an Enterprise Zone?  **Yes**   **No** | | | | | | | | | | | | |

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