Please complete this form and fax, mail or call us with the information. Your job listing will be circulated to our employment counselors and will be posted on Job Central ([www.jobcentral.com/ny](http://www.jobcentral.com/ny)).

**Company**        Unemployment Insurance Employer Registration No.

**E-Mail**       **Website**       **Federal Tax ID No.**

**Worksite Address**       **City**       **State**       **Zip Code:**

**Mailing Address**

**Telephone #**       **Ext**       **Fax #**

**Contact Person**       **Contact’s Title**       **Nature of Business**

 **Job Opening Title**       **Position Start Date**       **# of Job Openings**       **# of Referrals Desired**

**Referral Instructions:** [ ]  E-mail Resume [ ]  Fax Resume [ ]  Applicant Call for Appt. [ ]  Mail Resume [ ]  Apply in Person [ ]  Other

Are You A Federal Contractor? [ ]  YES [ ]  NO Special driving directions:

**JOB DETAILS** – Required Education: [ ]  Less Than HS [ ]  HS Diploma [ ]  GED [ ]  AAS [ ]  BA/BS [ ]  Masters

Other (Type of Degree, License Certification):       Minimum Experience       Years       Months

**Job Is:** Regular [ ]  Short Term [ ]  (Duration: from       to      ) [ ]  Full-Time [ ]  Part-Time #Hrs/Wk

**Work Hours:** From       to **Check Normal Work Days:** [ ]  SUN [ ]  MON [ ]  TUE [ ]  WED [ ] THU [ ]  FRI [ ]  SAT [ ]  Varies

**Salary Range:** From $       to $       per       Overtime Required: [ ]  YES [ ]  NO

**JOB DESCRIPTION** – Describe the duties, skills, equipment used or operated, special physical demands, or special working conditions. If available, send a detailed job description.

**OTHER HIRING REQUIREMENTS AND BENEFITS**: Driver’s License [ ]  YES [ ]  NO

 If yes, type? [ ]  Regular [ ]  CDL-A [ ]  CDL-B [ ]  CDL-C [ ]  Endorsements

**\***Physical Exam [ ]  YES [ ]  NO **\***Drug Screening [ ]  YES [ ]  NO **\*Required only after job offer and if relevant to job opening.**

Must Join Union [ ]  YES [ ]  NO Must Have Own Tools [ ]  YES [ ]  NO

Health Insurance [ ]  YES [ ]  NO Dental Insurance [ ]  YES [ ]  NO Sick Leave [ ]  YES [ ]  NO

Vacation Leave [ ]  YES [ ]  NO Retirement/Pension [ ]  YES [ ]  NO Childcare [ ]  YES [ ]  NO

 Holiday Pay [ ]  YES [ ]  NO

 **(ALL HIRING REQUIREMENTS MUST BE BONA FIDE OCCUPATIONAL QUALIFICATIONS)**

|  |  |  |  |
| --- | --- | --- | --- |
| **RETURN TO:** | **FAX TO:** | **PHONE #:** | **E-MAIL TO:** |
| NYS Dept of Labor450 S Salina St Syracuse, NY 13202 | (315) 479-3216 | (315) 479-3290 | JobCentralSyracuse@labor.ny.gov |