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 Labor  450 S Salina St Syracuse, NY 13202 | (315) 479-3216 | (315) 479-3290 | JobCentralSyracuse@labor.ny.gov |