



Ashtabula County

A proud partner of the American Job Center network



2247 Lake Avenue
Ashtabula, OH 44004
Phone: 440.994.1234

EMPLOYER JOB ORDER FORM

PLEASE EMAIL THIS FORM TO:
Hattie Grubke-Barnard
Email: Hattie.Grubke-Barnard@jfs.ohio.gov
Phone: 440.994-2508

Company	COMPANY NAME	ADDRESS / CITY / ZIP CODE
	CONTACT NAME/TITLE	EMAIL ADDRESS
	PHONE NUMBER	FAX NUMBER
	FED ID NUMBER	DATE

POSITION(S) AVAILABLE	JOB TITLE		WORK ADDRESS		
	OPEN DATE	CLOSE DATE (OMJ can only run an order for 30 days *)	MIN HRS/WEEK	MAX HRS/WEEK	
	MINIMUM SALARY \$ per hour	MAXIMUM SALARY \$ per hour	NO. OF OPENINGS	MAXIMUM NO. OF REFERRALS	SELECT ONE <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> SEAS <input type="checkbox"/> TEMP
	SELECT WORKDAYS <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT			SELECT SHIFT(S) <input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD <input type="checkbox"/> SPLIT <input type="checkbox"/> ROTATING	
	CHECK IF REQUIRED PRIOR TO HIRE FOR THIS POSITION: <input type="checkbox"/> Background Check <input type="checkbox"/> Drug Screen <input type="checkbox"/> Driver's License				
	JOB DESCRIPTION				
	BENEFITS <input type="checkbox"/> 401K <input type="checkbox"/> Childcare <input type="checkbox"/> Dental <input type="checkbox"/> Educational Assistance <input type="checkbox"/> Health Insurance <input type="checkbox"/> Paid Holidays <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation <input type="checkbox"/> No Benefits				
	APPLICANTS WILL APPLY FOR POSITION BY CONTACTING: <input type="checkbox"/> OhioMeansJobs Ashtabula County <input type="checkbox"/> EMPLOYER by: <input type="checkbox"/> Phone, <input type="checkbox"/> Fax, <input type="checkbox"/> Mail, <input type="checkbox"/> Email, <input type="checkbox"/> Apply online, <input type="checkbox"/> In-person Employer Contact Info:				
PUBLIC DISCLOSURE <input type="checkbox"/> FULL DISCLOSURE (Name of Employer will be advertised) <input type="checkbox"/> NON-DISCLOSURE (Only job description, title, skills, wage, hours viewed by the public. Employer name will NOT be advertised to the public.)					

APPLICANT	DESIRED SKILLS (3-5 key skills sets required)			
	EXPERIENCE REQUIRED: ____ MONTHS ____ YRS.	MINIMUM EDUCATION REQUIRED:		
	ONET CODE:	ONET TITLE:	OMJAC STAFF:	ASSIGNED JOB ORDER NUMBER

Rev 10/14/15

* Please note if you would like the order run again after 30 days contact OMJAC.