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ohiomeansjobs.com/cuyahoga

Date:

COMPANY INFORMATION	COMPANY NAME		FEDERAL TAX ID NUMBER		
	CONTACT NAME/TITLE		ADDRESS / CITY / ZIP CODE		
	PHONE NUMBER		FAX NUMBER	EMAIL ADDRESS	
	OWNERSHIP				
	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Local Government	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Limited Liability	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Association	<input type="checkbox"/> Private
	EMPLOYER SECTOR			FEDERAL CONTRACTOR	
<input type="checkbox"/> Public for Profit <input type="checkbox"/> Government/not for profit <input type="checkbox"/> Private for profit			<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> None <input type="checkbox"/> Both Federal & State		
INDUSTRY					
<input type="checkbox"/> Healthcare or Medical	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Service	<input type="checkbox"/> Trades	Number of Employees _____	
<input type="checkbox"/> Banking, Finance, or Insurance	<input type="checkbox"/> Government	<input type="checkbox"/> Education	<input type="checkbox"/> Non-Profit		
COMPANY DESCRIPTION					

POSITION OR POSITIONS AVAILABLE	JOB TITLE		WORK ADDRESS		CITY							
	STATE	ZIP CODE	COUNTY	OPEN DATE	CLOSE DATE	MIN HRS/WEEK						
						MAX HRS/WEEK						
	MINIMUM SALARY		MAXIMUM SALARY		NO. OF OPENINGS		MAXIMUM NO. OF REFERRALS		SELECT ONE			
	\$	PER	\$	PER					<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> SEAS	<input type="checkbox"/> TEMP
	SELECT WORKDAYS						SELECT SHIFT(S)					
	<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						<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											
	Please Attach the Job Description Separately in a Word Document.											
BENEFITS												
<input type="checkbox"/> 401K		<input type="checkbox"/> Educational Assistance		<input type="checkbox"/> Childcare		<input type="checkbox"/> Dental		<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				
EMPLOYER CONTACT METHOD (For Jobseekers)												
<input type="checkbox"/> OMJCC <input type="checkbox"/> In-person <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Apply online												
PUBLIC DISCLOSURE												
<input type="checkbox"/> PARTIAL DISCLOSURE (Only job information shown--must contact OMJCC)						<input type="checkbox"/> NON-DISCLOSURE (Only viewed by OMJCC staff--not disclosed publicly)						
APPLICANT	DESIRED SKILLS (3-5 key skills sets required)											
	EXPERIENCE REQUIRED: <input type="checkbox"/> MONTHS <input type="checkbox"/> YRS.						MINIMUM EDUCATION REQUIRED:					