ULSTER WORKS

# *FAST FAX* JOB ORDER

**ULSTER WORKS Career Center**
**TELEPHONE: (845) 443-8066 FAX: (845) 339-0607**
www.labor.ny.gov

Company_____ FEIN_____-- _____

Work Site Address_____ City_____ State_____ Zip_____

Mailing Address_____

Telephone No. (____) _____ EXT._____ Fax No. (____) _____

Person to Contact _____ Nature of Your Business_____

Title of Job Opening _____ Position Start Date _____

Number of Job Openings _____ Number of Persons You Wish to Interview _____

Referral Instructions: Mail Resume ☐ Fax Resume ☐ Apply in Person ☐ Call for Appt. ☐ Email Resume ☐
Email Address _____

You can choose to have your order broadcast. Your employer name, contact information and referral instructions will be displayed directly to the applicants. DOL will not screen applicants or be able to limit the number of referrals to your order. The advantage is the possibility of a larger response to your order. Would you like the order broadcast? Yes ☐ No ☐

## JOB DESCRIPTION

Describe the duties, skills, equipment used or operated, special physical demands, or special working conditions. If available, attach a detailed job description.

## JOB REQUIREMENTS

Education Required: None ☐ HS Diploma / GED ☐ AAS ☐ BA/BS ☐ Masters ☐ Ph.D. ☐

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

Job is: Regular ☐ Short Term ☐ (Duration: from _____ to _____) Full-time ☐ Part-time ☐

Work Hours: From: _____ To: _____ Check Normal Work days: **S** ☐ **M** ☐ **T** ☐ **W** ☐ **T** ☐ **F** ☐ **S** ☐

Salary Range: From $_____ To $_____ Per Choose One

## OTHER REQUIREMENTS AND BENEFITS

Driver's License? Yes ☐ No ☐ If yes – License Class – Regular Operator ☐
CDL A ☐ B ☐ C ☐ Endorsement(s) ☐

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Own Tools? | Yes ☐ | No ☐ | | | | | | | | | |
| Pre-Employment Test? | Yes ☐ | No ☐ | Must Join Union? | Yes ☐ | No ☐ | | | | | | |
| Reference Check? | Yes ☐ | No ☐ | Health Insurance? | Yes ☐ | No ☐ | Dental Insurance? | Yes ☐ | No ☐ | | | |
| *Physical Exam? | Yes ☐ | No ☐ | Travel? | Yes ☐ | No ☐ | Vacation time? | Yes ☐ | No ☐ | | | |
| *Drug Screening? | Yes ☐ | No ☐ | Overtime Required? | Yes ☐ | No ☐ | Sick time? | Yes ☐ | No ☐ | | | |
| Bondable? | Yes ☐ | No ☐ | Overtime Available? | Yes ☐ | No ☐ | Holidays? | Yes ☐ | No ☐ | | | |

*Required only after job hire and if relevant to job opening.

ALL HIRING REQUIREMENTS MUST BE BONA FIDE OCCUPATIONAL QUALIFICATIONS