

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	<a href="mailto:JobCentralSyracuse@labor.ny.gov">JobCentralSyracuse@labor.ny.gov</a>