



CareerSource Heartland
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Date:

JOB ORDER REQUEST

Company Name:			Type of Business:		
Address:		City:		State:	Zip Code:
Employer Contact:			Job Title:		
Phone Number:	#	Fax:	Email		
Company Website:			Federal Tax ID required: (If unincorporated, provide owner SS#)		
Job Title:			Worksite Location:		
Licensing – Degrees – Certification – Software – etc. (We cannot refer applicants having less than the minimum requirements.)					
Job Order Information to be displayed online <input type="checkbox"/> 1 Job details, employer name and contact information will be displayed online. <input type="checkbox"/> 2 Job details displayed online. No contact information is displayed online. Job seeker applies at Center. <input type="checkbox"/> 3 This job is not to be displayed online and is only available to the Center Staff.					
Number of openings:		Type of Job:		Full-time or Part-Time:	
Job Duties and Skills (Attach job description if available)					
Employer will conduct (if any): <input type="checkbox"/> Drug Testing/Screening <input type="checkbox"/> Background Checks <input type="checkbox"/> Credit Checks <input type="checkbox"/> Reference Checks <input type="checkbox"/> Bonding <input type="checkbox"/> Motor Vehicle Record				Test Requirement:	
Minimum Age requi		Reason for age requirement:		Minim education required:	
Minimum Months of Experience:					
Is a driver's license required for this position? <input type="checkbox"/> Class A <input type="checkbox"/> T – CDL – Double/Triple Trailers <input type="checkbox"/> Class B <input type="checkbox"/> P – CDL – Passenger Bus <input type="checkbox"/> Class C <input type="checkbox"/> N – CDL - Tankers <input type="checkbox"/> Class E – Private Vehicle <input type="checkbox"/> H – CDL – Hazardous Materials <input type="checkbox"/> X – CDL – Combo – Tanker/Hazardous <input type="checkbox"/> K – CDL – No Operator of airbrakes <input type="checkbox"/> CDL – ICC Physical <input type="checkbox"/> S - CDL - School Bus				Minimum Salary: Maximum Salary: Basis for unit of salary/pay: Pay Comments: Is Supplemental Compensation offered? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Compensation: <input type="checkbox"/> Use of Car <input type="checkbox"/> Expense Allowance <input type="checkbox"/> Pager and/or Cell Phone Hours Per Week: # of Hours: Shift:	
<input type="checkbox"/> Benefits not specified <input type="checkbox"/> No benefits provided <input type="checkbox"/> Benefits provided outlined below <input type="checkbox"/> Medical <input type="checkbox"/> Sick Leave <input type="checkbox"/> Relocation Assistance <input type="checkbox"/> Dental <input type="checkbox"/> Tuition Assistance <input type="checkbox"/> Uniform Allowance <input type="checkbox"/> Life Insurance <input type="checkbox"/> Flex-Time <input type="checkbox"/> Company Vehicle <input type="checkbox"/> Vision <input type="checkbox"/> 401K <input type="checkbox"/> Expense Account <input type="checkbox"/> Child Care <input type="checkbox"/> Stock Options <input type="checkbox"/> Vacation <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Holidays				Job Application Methods Accepted: <input type="checkbox"/> Via Email <input type="checkbox"/> By Mail <input type="checkbox"/> By Fax <input type="checkbox"/> By Phone <input type="checkbox"/> In Person <input type="checkbox"/> Via Company Website (Address Below) e.g.(http://www.applicationwebsite.com)	
Veteran Preference: <input type="checkbox"/> Yes <input type="checkbox"/> No		Green Job: <input type="checkbox"/> Yes <input type="checkbox"/> No		Federal Contractor: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Office use only: Employer User Name:

An equal opportunity employer / program. Auxillary aids and services are available upon request to individuals with disabilities. All voice telephone numbers may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.