



## Employer – Job Order Form

**Please complete ALL fields in SECTIONS 1 - 3 for ALL job orders. If job order is being placed in connection with a future application for H-2A or H-2B workers, then also complete SECTION 4.**  
**FAX to (401) 462-8722**

If you are interested in applying for the **On-the-Job Training program** (50% wage reimbursement) for this position, please indicate by checking Yes or No and a Representative will call you to go over the details:     YES     NO

<b>SECTION 1 - GENERAL INFORMATION</b>				
Company Name <i>(DBA Name)</i>		Is job order being placed in connection with a future application for H-2A workers?  <input type="checkbox"/> Yes <input type="checkbox"/> No		
Federal Identification Number:	RI Employer Identification Number:	If "Yes", indicate type of Visa Classification:  <input type="checkbox"/> H-2A		
Legal Business Name <i>(If applicable)</i>		Is job order being placed in connection with a 30-day PERM position? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address				
City	State			Zip Code
Job Title				
Job Location – Address, City, State, Zip <i>(If same, leave blank)</i>				
Contact Person		Title	Phone	Ext.
Fax	Alternate Phone	Ext.	E-Mail Address	
How would you like the job seeker to apply for this position?				
<input type="checkbox"/> E-Mail _____ <input type="checkbox"/> Apply Online/URL _____ <input type="checkbox"/> Phone _____ <input type="checkbox"/> Fax _____ <input type="checkbox"/> In Person <input type="checkbox"/> By Mail				
<b>SECTION 2 - ADDITIONAL INFORMATION</b>				
Number of Openings _____	Shift <input type="checkbox"/> First (Day) <input type="checkbox"/> Second (Evening) <input type="checkbox"/> Third (Night) <input type="checkbox"/> Rotating <input type="checkbox"/> Split <input type="checkbox"/> Varies	Education Required <input type="checkbox"/> Less than High School <input type="checkbox"/> High School Diploma / GED <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Vocational Degree <input type="checkbox"/> Specialized Degree _____	Rate of Pay Minimum \$ _____ Maximum \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
Duration <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Work Days <input type="checkbox"/> Monday through Friday <input type="checkbox"/> Days Vary <hr/> <input type="checkbox"/> Weekends Required	Experience Required Years _____ Months _____ Hourly Work Schedule _____ AM to _____ PM OR _____ AM to _____ PM		
Hours Per Week  Basic _____ Overtime _____ <i>(If applicable)</i>				

Required License, Certificate or Registration

**SECTION 2 - ADDITIONAL INFORMATION (Cont.)**

Company Benefits <input type="checkbox"/> Health Insurance <input type="checkbox"/> Dental Insurance <input type="checkbox"/> Vacation <input type="checkbox"/> Sick Leave <input type="checkbox"/> Holidays <input type="checkbox"/> Retirement/Pension Plan <input type="checkbox"/> Clothing Allowance <input type="checkbox"/> Child Care	Is this job accessible by public transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is a Driver's License required for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is location handicapped accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", complete the following: Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Endorsements: <input type="checkbox"/> Tank Vehicle <input type="checkbox"/> Double and Triple Trailers <input type="checkbox"/> Pass Transport <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> School Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Air Brakes <input type="checkbox"/> Tank Vehicles & Hazardous Materials
	Drug Testing / Screening <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Criminal Background Check <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Minimum Age _____	

**SECTION 3 - JOB DESCRIPTION**

Include **Job Duties** to be performed: Skills/Language/Math Requirements; Software/Hardware Skills; Equipment Used; Other Languages Employers can accommodate; Specific Physical/Unusual Working Conditions; and any other Special Job Requirements.

**Form Completed By (If same as Contact Person in Section 1 - Leave Blank)**

Name	Phone	Ext.
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**SECTION 4 - Complete if placing job order in connection with a future application for H-2A or H-2B workers**

**Temporary Need, Job Offer & Attorney or Agent Information**

SOC (O*NET/OES) Code	SOC (O*NET/OES) Occupation Title		
Is this a full-time position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Period of Intended Employment		Nature of Temporary Need ( <i>Choose only one</i> ) <input type="checkbox"/> Seasonal <input type="checkbox"/> One-Time Occurrence <input type="checkbox"/> Peakload <input type="checkbox"/> Intermittent
	Begin Date (mm/dd/yyyy) ____/____/____	End Date (mm/dd/yyyy) ____/____/____	
Is training for the job opportunity required? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", specify the number of <u>months</u> of training required _____	
Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", identify geographic place(s) of employment with as much specificity as possible, such as MSAs/City(ies)/County(ies)/State(s) where work will be performed.		
Will transportation be provided to various worksites? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will on-the-job (OJT) training be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Attorney or Agent Name ( <i>If applicable</i> )	Address (Street, City, State, Zip)		
E-Mail Address	Phone	Fax	