

Department of Workforce Development  
**JOB SERVICE**  
**FAX OR MAIL JOB ORDER**

Fox Cities Workforce Development Center  
 1802 Appleton Road  
 Menasha, WI 54952-1110  
 Phone: (920) 997-3272  
 Fax: (920) 832-5297

Direct to: **Job Service Employer Representative**

Sandy Buettner (920) 997-3273 (453)  
 Gerry Arnoldussen extension (455)

Rose Heinz extension (454)

Order Placed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Name		Web Site Address
Business Name Unemployment Taxes are Reported Under (if different)		
Street address, City, State, Zip Code		On Bus Route <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Name	Telephone Number	Fax Number

Does your company have contracts with the Federal Government? Yes  No

Job Title	Advertise on America's Job Bank? Yes <input type="checkbox"/> No <input type="checkbox"/>	Openings
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Job Location (if different from employer address)	Permanent: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Hours worked per week?
	Temporary: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Part Time: AM PM EV WE		

What shift is work performed? ___ 1 <sup>st</sup> ___ 2 <sup>nd</sup> ___ 3 <sup>rd</sup> ___ rotating	Starts _____ Ends _____ Flexible hours _____	Starting Pay per Hour Week Month Year Minimum _____ Maximum _____	Benefits: Health- Family <input type="checkbox"/> Indiv. <input type="checkbox"/> Vacation <input type="checkbox"/> Holiday <input type="checkbox"/> Retirement/401 (k) <input type="checkbox"/> Sick Leave <input type="checkbox"/> Life Ins <input type="checkbox"/> Other _____
Sun Mon Tue Wed Thu Fri Sat			

**Requirements:**

Car: none <input type="checkbox"/> required <input type="checkbox"/>	Education none <input type="checkbox"/> HS or equivalent <input type="checkbox"/>
License: none <input type="checkbox"/> required <input type="checkbox"/> Minimum Age: _____	AA <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/>

**Hiring Requirements:** (knowledge, skills, training, experience, special licenses, type of degree, pre-employment physical or drug screen. **Please be specific.**


**Job Duties:** (include machines or equipment operated, tools used, computer programs – hardware/software, product or service provided, working conditions etc.) **Please be specific** Optional (attach position description)


**\* Job Order Close Date (no later than 90 days) \_\_\_\_\_ \***

**How to apply:** Apply in person  Call for Appointment  Resume  Fax  Mail   
 Employer Application at Job Service  Job Service Application (5011)  e-mail

Thank you for listing your job order with Fox Cities Workforce Development Center