

# GEORGIA DEPARTMENT OF LABOR JOB ORDER FAX FORM

Company:

(Are you a federal contractor? ☐ Yes ☐ No ☐ Unsure) **Please check appropriate field.**

Address:

City/State/Zip Code;

IS PUBLIC TRANSPORTATION AVAILABLE? ☐ YES ☐ NO

COUNTY:

CONTACT PERSON:

PHONE #:

2<sup>ND</sup> CONTACT:

FAX #:

TYPE OF BUSINESS:

E-MAIL:

IF YOU ARE A STAFFING AGENCY OR A RECRUITER, PLEASE PROVIDE US WITH YOUR CLIENT'S NAME AND LOCATION.

TESTING REQUIREMENTS (Drug, Typing, etc.):

STARTING SALARY/ SALARY RANGE

NUMBER OF OPENINGS AVAILABLE:

\$ \_\_\_\_\_ PER \_\_\_\_\_ to

\$ \_\_\_\_\_ PER \_\_\_\_\_

JOB TITLE OF POSITION OFFERED:

Hours (8-5, etc.)

**(PLEASE MARK X)**

TEMPORARY

MINIMUM EXPERIENCE REQUIRED (MONTHS, ETC):

FULL-TIME      TEMP-TO-PERM  
PART-TIME      PERMANENT

Days (Mon-Fri, etc.)

MINIMUM EDUCATION: **(Please Mark X)**

SKILLS, SPECIAL LICENSE, etc.:

**(Please Mark X)**

None \_\_\_\_\_ High School \_\_\_\_\_ GED \_\_\_\_\_

Rotating Shift:

A.A. \_\_\_\_\_ BS/BA \_\_\_\_\_ M.A. \_\_\_\_\_ Ph.D. \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Job Duties, Minimum Qualifications (Months/Years Experience, Skills, Special License, Etc)

Referral Method: ☐ Apply In Person ☐ Mail or Fax Resume ☐ Call for Appointment

**(Please Mark X)**

☐ E-mail

☐ Other

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To list your openings, change a current job order, or report results, please contact the Georgia Department of Labor at the  
**(706) 649-7423 PHONE (706) 649-1463 FAX. Thank You for listing your job opening with us!**