

Job Order Form

Company: _____ Manager: _____
Address _____ Manager Phone: _____
_____ Email Address: _____
Position: _____ Reporting supervisor: _____
Shift: _____ Supervisor phone: _____
Hours/wk: _____ Supervisor email: _____

Benefits: 30 / 60 / 90 / 120 days Medical Dental Other
Pay Range: _____ Hourly / Salary Overtime: Yes / No
Drivers License required: Yes / No Travel Distance _____mi Overnight: Yes / No

Position Duties: _____

Experience Required: _____

Certifications: _____

Why is the position open? Person was fired / promoted / new position

Why? _____

What is your target date to have this position filled? _____

What is the interview process? 1st Interview _____

2nd Interview _____ 3rd Interview _____

What is the biggest challenge for someone in this position? _____

What skill sets/attributes would make a person successful in this position? _____

Training Process _____