



State of Utah
Department of Workforce Services
JOB ORDER FORM
4 Ways to Submit a JOB ORDER

- Online: **jobs.utah.gov**
- E-mail: postajob@utah.gov
- FAX: 1-866-968-0060
- Phone: 1-888-920-WORK (9675)

◆ **EMPLOYER INFORMATION**

COMPANY NAME: _____ CONTACT PERSON: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 PHONE NUMBER: (____)____-_____
 FAX NUMBER: (____)____-_____ FEDERAL ID# (FEIN): _____
 EMAIL ADDRESS: _____ UT EMPLOYER TAX ID# (UI ID): _____
 FEDERAL CONTRACTOR (FCJL): Yes No AFFIRMATIVE ACTION EMPLOYER: Yes No
 JOB SITE LOCATION: _____

◆ **JOB TITLE:** _____ NUMBER OF OPENINGS: _____
JOB DESCRIPTION (Include tasks, duties, responsibilities): _____

◆ **JOB DETAILS:**

SALARY: From \$_____ To \$_____ (Hourly/Monthly/Yearly) BENEFITS: Yes No
 HOURS: From _____ (am/pm) To _____ (am/pm)
 SHIFTS (check all that apply): Day Swing Graveyard Rotating
 WORK: Full-Time Part-Time Seasonal Temporary
 DAYS OFF: Sat Sun Mon Tues Wed Thurs Fri

◆ **JOB REQUIREMENTS** (Must be bona fide qualifications required to perform the job.)

EXPERIENCE (Years/Months): _____ AGE: _____ to _____
 IS VEHICLE REQUIRED? Yes No LIFTING (lbs.): _____
 DRIVER'S LICENSE: Yes No LICENSE TYPE: **A / B / C / D** ENDORSEMENTS: **H / N / T / X / P**
 EDUCATION: None GED HS AA BA/BS MA/MS PhD Cert./Lic.
 COMPUTER SKILLS/KNOWLEDGE: _____

 SPECIAL MACHINERY/TOOLS/KNOWLEDGE: _____

ADDITIONAL INFORMATION / CLOSING DATE (If applicable): _____

REFERRAL INSTRUCTIONS (How would you like applicants to apply?): _____

Would you like information about Tax Credits for hiring special populations? Yes No

Equal Opportunity Employer Program