



NH EMPLOYMENT SECURITY EMPLOYER JOB ORDER

DATE: ____/____/____
FAX: _____

EMPLOYER _____ JOB SITE _____

DBA _____ JOB TITLE _____

ADDRESS _____

CITY, STATE, ZIP _____ PHONE _____ FAX _____

CONTACT NAME _____ EMAIL _____ @ _____

FED EMPL ID NUMBER _____ NH STATE TAX ACCOUNT # _____

CONTACT METHOD CALL RESUME DIRECT EMAIL FAX

TRAINING OPPORTUNITY RTW ON-THE-JOB APPRENTICESHIP

JOB SUMMARY AND SKILLS REQUIRED (BE SPECIFIC):

NUMBER OF OPENINGS _____ # REFERRALS REQUESTED _____

MINIMUM EXPERIENCE _____

HRS PER WEEK _____ START TIME _____ END TIME _____

SHIFT COMMENT FIRST SECOND THIRD

HOURLY RATE _____ DOE PAY COMMENT _____ BENEFITS

HOURLY PAY RANGE _____ FT _____ PT _____ TEMP _____ PERM _____

EDUCATION

LOWEST ACCEPTABLE DEGREE _____

EDUCATION FIRM CERTIFICATE REQUIRED WILL TRAIN
CERTIFICATE TYPE _____

DRIVERS LICENSE REQUIRED TYPE CDL A CDL B OPERATOR OTHER

DOT PHYSICAL REQUIRED COMMENT _____

VEHICLE REQUIRED COMMENT _____

INSURANCE REQUIRED MVR RECORD REQUIRED

DRUG TESTING YES NO

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