

WE ARE YOUR DOL



Local Agriculture Job Order Form

Employer Information:

Today's Date: _____ Federal ID: _____ State ID: _____

Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Would you like candidates to apply directly, without contacting the NYS Dept of Labor?

- Yes-Unsuppressed = Company name is on internet No-Suppressed = Candidate contact DOL

Contact Person/Title: _____ Phone: _____ Fax: _____

URL Address: _____ Email: _____

Referral Method: (Select all that apply) Email Online Fax Telephone Mail In Person

Type of Business: _____

Job Information:

Job Title: _____ Job Location and Zip Code: _____

How Many Openings: _____ Duration: Temporary Regular Seasonal Full Time Part Time

Work Days per Week: Mon Tue Wed Thu Fri Sat Sun Hours Per Week: _____

What Shifts: First Second Third Varies Other Explain: _____

Level of Education: Less than HS GED High School Vocational Degree Some College

Associate Degree Bachelor's Degree Master's Degree Doctoral Degree/Ph.D.

Licenses/Certificates/Degrees: _____

How many years' Experience are required? _____ Years _____ Months

Acceptable related experience: _____

Would you accept a trainee? Yes No

Pay Range: Minimum Pay: _____ to Maximum Pay: _____

Starting pay is negotiable depending on experience. Minimum pay to start; maximum eventually.

Driver's License Yes No Class: Regular (D) or CDL A B C E
(Required for Job Duties)

Own Car required for job: Yes No Bus Route: Yes No Union Affiliation: Yes No

Benefits Available: (Check all that apply)

- Health Insurance Dental Insurance Vacation Sick Leave
- Holiday Retirement/401k Clothing Allowance Child Care

Other hiring requirements conducted by employer: (check all that apply)

- Own Tools Drug Screening Medical Exam Reference Check Criminal Background Check

Is Housing being provided? Yes No Has housing been inspected? Yes No When? _____

(Directions to the Work Site are provided on the back of this page)

Directions to Work Site: