

**Arkansas Employment Security Department
and
Arkansas Workforce Investment Board Issuance PY 04-15**

From: Artee Williams, AESD Director
Sandra Winston, AWIB Executive Director

Date: January 27, 2005

Subject: AJL Deployment Procedures

1. **Purpose:** To distribute procedures to use as the Job Service portion of AJL is deployed on January 31, 2005.
2. **Background:** AJL was implemented for WIA purposes and to adhere to the requirements established by the Arkansas Workforce Investment Board's Workforce Center Certification Criteria, on December 29, 2004. AESD will begin using it for Job Service/Employment Service purposes on Monday, January 31, 2005. This issuance provides answers to various implementation questions that affect both Job Service and WIA.
3. **Information:** Please see the attachments.
4. **Action Required:** Please read the attachments and begin using them when AJL is deployed for Job Service purposes. As you have additional questions that haven't been addressed, be sure to send them to the individuals identified in the attached instructions.
5. **Attachments:**
 - a. AJL Deployment Guidance
 - b. Selecting a Password
 - c. Authorization to Obtain Information Form
 - d. Registration Form
 - e. Job Order Form
6. **For Additional Information:** Contact the individuals identified in the AJL Deployment Guidance
7. **Expiration:** Continuing

AJL Deployment Guidance January 27, 2005

1. When will we implement AJL for Job Service functions?

ODDS has been taken down. On Thursday and Friday, Jan. 27-28, conversion is taking place and no automated system is available. The AJL production site that WIA has been using will be down part or all of Friday, Jan. 28, during conversion. AJL is scheduled to be available beginning Monday morning, January 31, 2005. At that time Job Service (ES) staff will begin using AJL for staff-assisted ES services for job seekers and employers. WIA staff will resume using AJL for staff assisted services, as they have for the past month.

Note that all current client records will be converted and will be present in AJL when it comes up. If an individual has a job application or an employer has a job order in ODDS, there will be no need to enter a new job application or job order in AJL.

2. Will all issues with AJL be worked out before deployment?

We will work this weekend to review ES data to ensure it converted correctly and to review WIA data to ensure the ES conversion didn't impact WIA data already in the system. There will, however, be questions on individual cases and also questions on system functions once we go live. This is normal and to be expected. We will provide explanations on how specific features work and get any necessary changes made as those issues come up. We anticipate it will take a couple of months for most people to become comfortable with the system and for any needed corrections to be discovered and made. Please be aware that at first it will take longer than it should to enter job registrations and job orders. After we all know the system, the process will speed up. We are available by phone and e-mail now (see #8, #9 and #10, below) to answer questions and will be out to your offices to provide additional help after the initial implementation questions are answered.

3. Will we use self-service features beginning January 31?

No. We will operate AJL in the staff-assisted mode only for a couple of months until staff members have some experience with AJL and until we work out any conversion issues. We also want to begin a media campaign at the same time we activate the self-service function to let our potential users know the self-service system will be available and what it will do for them.

4. Can we take paper applications and put them in AJL later?

It is a state requirement that all WIA and Job Service transactions be carried out using AJL. The system works as a real time system. There will be instances when paper applications have to be taken (e.g., crowded waiting rooms, mass layoffs or hiring actions, the system is down, etc.). Whenever possible, however, all data entry should be real time.

5. Do all AESD and WIA offices have to use the same paper applications?

Yes. Paper job registration and job order forms were sent by e-mail to all AESD offices and WIA local areas Wednesday afternoon, Jan. 26, 2005. These are to be used by all offices in order to make it easier for the two systems to share clients and information without requiring clients to complete forms twice. As soon as the form is entered into the system, it should be available to both AESD and WIA offices, provided that the client has agreed that his/her data can be shared with other Workforce Center partners. Remember, however, that, if possible, applications should be taken directly into the system rather than taking paper applications first.

6. How will we enter paper applications, if we do have to take them, for example, when waiting rooms are crowded, the system is down or in the case of a mass layoff or mass hiring?

The staff member who will enter the application(s) will sign on using his/her own user name and password and follow the procedures for checking to see if the client is in the system. If the client is not in the system the staff member will use the procedures for entering a new client. The staff member will create the client user name and password, using the first three letters of the last name and the first three letters of the first name as the basis for both user name and password, with the first letter of the first and last name capitalized and the other letters in lower case. User names can consist of as few as six characters. Numbers may have to be added if that user name already is in existence. Passwords must be between eight (8) and twenty (20) characters long and must include at least one number and one special character. See the attachment on how to make up passwords. User names and passwords are case sensitive.

When staff members create a client user account, select as the Security Hint question "In what county were you born?". Type in as the answer "Disneyland". When we all use this answer it will be clear to any interviewer/case manager that this was an office-established account and not an individual account. Instructions will be issued later on how to change this when we activate self-service.

Do not tell the client that you are creating a user name and password for him/her. Do not issue the user name and password reminder cards you were given at the

Jan. 14 meeting. Those will be used after we activate self-service. We don't want clients or employers to access self-service yet. We want to provide public information and instruction—a media campaign—before we activate self-service.

7. How do I create an account for a new employer?

When entering a New Employer account record into the system, a username and password are required. These entries, *which will not be used or needed again after initial entry*, will be made up by staff. Normal password rules apply -- at least 8 characters, etc. (see attachment). Unlike job seeker accounts in AJL, an employer's self-service account is separate from her/his staff-assisted account. An employer assigns her/his own username and password for the self-service account. An employer never accesses her/his staff assisted account. Staff access to the account is via the staff sign-on.

8. What should we do when something doesn't work right or we see improvements that need to be made to the system?

If something about the system appears not to be working, or if you have a question about how to use some feature of the system, contact one of the people listed below. Please determine whether you need an immediate answer or not. If you do, please call; otherwise please send an e-mail. Because we anticipate all phones to be busy for a while, if you get a voice mailbox, please call someone else on the list. If you get a voice mailbox for all the phones on your list, please send an e-mail.

For ES/Job Service:

Bert Pranter, 501-682-3143, bert.pranter@aesd.arkansas.gov

Steve Short, 501-682-1544, steve.short@aesd.arkansas.gov

Jim Case, 501-371-1041, jim.case@arkansas.gov

For WIA:

Sandy Monaco, 501-682-3131, sandy.monaco@aesd.arkansas.gov

Carlos Lewis, 501-683,1288, carlos.lewis@aesd.arkansas.gov

Over time we will want to propose enhancements to the system. Please begin making notes on enhancements you think would be beneficial. A few months after implementation we will begin collecting your suggestions. We plan to wait to propose enhancements until we more fully understand the system's capabilities. We are members of a consortium, and enhancement suggestions go on a list that all member states consider and prioritize.

9. Whose phone number will be posted for answering “system error message” questions?

Those questions will go to Garry Jeffries (501-682-3369) or Rosemary Hopkins (501-682-3806).

10. How will staff user names and passwords be determined, and how will I know what mine is?

Initially, in most cases user names and passwords will be the same as they were for training. If yours doesn't work contact Carolyn Levy at 501-682-1684, carolyn.levy@aesd.arkansas.gov, or Dorothy Tilley at 501-682-2033, dorothy.tilley@aesd.arkansas.gov. ***The first time you log on to the new system, please be sure to click on Account Info. in the blue control panel on the left side of the screen and complete all the information there.*** Be sure to answer one of the security questions and be sure you enter your correct e-mail address. After that, if you forget your password it can be e-mailed to you. If you don't have an e-mail address listed, you will have to rely on responding to the security hint question. After initial implementation, no one will be able to see a password. Any time you change your password, be sure to check all the information again (e-mail address, security hint question).

11. Will staff have the option of creating new user names and/or passwords for staff members?

User names, once set, will not change. New staff members will make up their own user names, or supervisors can make them up. New accounts are approved at the state level. Passwords are to be changed the first time the account is accessed. Strong passwords are required, and they are to be created by the user. See the attachment related to establishing passwords. State policy is that passwords are to be changed every 90 days.

12. Security is a major issue. When and how will access levels be determined? How much control will local areas have over who has what access to the system? What are the levels/categories of access? Who will decide levels of access for staff?

Role levels have been assigned by the state for conversion. The role levels are case manager, supervisor, and state director. The roles are separately assigned by program and office. There is ability for state directors to set security levels for staff below their levels. In some cases the role level did not get assigned correctly. Please notify one of the individuals listed in #8 above if a role level needs to be changed or to discuss what the role privileges for an individual should be. To begin with, if this function does not seem to be working properly it may be because the supervisor or state director privileges have not been set as

anticipated. It may take a few weeks to be sure operational policies are consistent and roles are properly assigned.

13. Will we be able to share information between LE and WIA?

The system is being converted with the "Yes" (share my data) box checked, and the "Yes" box will be checked as the default response. Please be sure new clients complete and sign the Authorization to Obtain Information form, and explain to them why it is beneficial to allow exchange of information with partners. See the script in #14 for help with that explanation. For new clients, complete the Authorization to Obtain Information form in AJL with the same permissions checked that the client authorized on his/her paper form. File the forms alphabetically in case there is ever a need to verify that the client authorized release of information to or from partners.

14. What do we tell our job seeker and employer customers about why we are asking for different information now?

Because we want our customers to understand that the system offers them new options and opportunities, it will be important that we impart a consistent message. All staff members of AESD and the LWIAs are requested to use the information in these scripts when talking with customers

For job and training seeking clients

We are pilot testing a new automated records system that will provide some features I think you will like. It will allow us to do job searches for you as we always have done, but it also will allow you to look for jobs on your own. We expect to make this available to you about the first of April. In the meantime we will be using a new application form. Here is a copy for you to complete. The questions with asterisks are required for your application to be filed, but we'd appreciate it if you would answer all the questions in order for us to better serve you. Please also read and sign the Authorization to Obtain Information notice. If you will initial all the boxes to approve our sharing your application with the partners in the Workforce Center, it will eliminate your having to complete forms multiple times and will allow us to use all our Workforce Center resources to help you become employed.

For employers

We are pilot testing a new automated records system that will provide some features I think you will like. It will allow us to do client matching for you as we always have done, but it also will allow you to list and manage your own job openings if you wish to do that. Whether we manage your job order or you do, the system will give you an opportunity to review job seeker resumés on-line and

will give you access to a variety of other information that may be helpful. We expect to make the system available to you about the first of April.

In the meantime we are using a new job order form. We think it will better identify applicants qualified to do your job. If you want to complete it on your own and fax, mail or e-mail it to us, you're welcome to do that. Otherwise we'll complete it while talking with you. Thank you for giving us the opportunity to serve you.

You will be asked to create a password to use when you access the system yourself.

1. Your password must be 8 to 20 characters.
2. You must include at least 1 letter, at least 1 number and at least one symbol. The other 5 to 17 characters can be letters, numbers or symbols.
3. Write your password on your card before you type it in so that you will be sure you know exactly what you type. When you type it you will see only *********, not the actual letters, numbers and symbols you are typing.
4. The password is case sensitive, which means that if you type a character as a capital letter it will have to be typed as a capital letter every time.
5. Here are some examples. You should create your own password, but you can use these as a guide.

qu863%bn	mypc2ur^s	vrb&5nns	zyv#9753
xcd6\$gtprm	run1pc?ys	iwrk4ur\$s	31945+sj

Here are your choices and where they are located on the keyboard

Symbols (Hold down Shift key and then type the symbol):	
! @ # \$ % ^ * () _ +	
Numbers:	1 2 3 4 5 6 7 8 9 0
Letters (Hold down Shift key for capital letters):	
q w e r t y u i o p	Q W E R T Y U I O P
a s d f g h j k l	A S D F G H J K L
z x c v b n m	Z X C V B N M

6. **KEEP YOUR CARD SECURE AND CONFIDENTIAL.** This is for your protection so that no one else can see your personal information.
7. You will need to use the user name and password every time you want to look at or update your own account. Our staff members will not need the user name or password when they look at your account, so they do not know your password.
8. You will be asked to answer one of several Password Hint questions. You can choose which one you want to answer. The questions are:

In what county were you born?
 What school did you attend in first grade?
 What is your mother's maiden name?
 In what hospital were you born?

Authorization to Obtain Information

In the course of providing employment assistance, other agencies/organizations may require access to your personal information. Please review and initial the boxes by all that apply:

I authorize the Arkansas Workforce Centers to release and/or provide on a need-to-know basis, to one or more of the agencies listed below, that information which is reasonably necessary to accomplish the goals and objectives of my employment and training plan or self-sufficiency plan, unless the release or provision of such information is otherwise prohibited by law or regulation. I understand that the information is confidential and will be used only for the purposes stated on this form. I understand that those individuals that receive this information will hold it in the strictest confidence and will use it to better serve me.

I understand copies of this signed release will serve as a valid authorization and the original signed document will be kept in my file. I understand that government records may be used to obtain this information.

I HEREBY authorize release of the following information to the Arkansas Workforce Centers, unless the release or provision of such information is otherwise prohibited by law or regulation:

The Workforce Investment Act service provider may provide information regarding my participation in adult, youth or older worker programs.

The Department of Human Services may provide information regarding my participation in Transitional Employment Assistance (TEA) programs.

The Division of Rehabilitation Services may provide information regarding my participation in Rehabilitation Services employment and training programs.

The Employment Security Department may provide information related to unemployment insurance benefit information and my participation in Workforce Investment Act employment and training programs.

The Department of Education and local school districts may provide records relating to my current and past education.

The Department of Workforce Education and affiliated training providers may provide records relating to current and past education.

The Department of Higher Education and affiliated educational institutions may provide records relating to current and past education.

Private and career training institutions may provide records relating to current and past training and education.

My current and past employers may provide information related to my employment.

As a condition to my authorization the Arkansas Workforce Centers System agrees to use the information obtained solely for purposes authorized by law and regulation including determining eligibility for employment and training programs, developing an appropriate employment or self-sufficiency plan, and helping me achieve my occupational goals. This authorization is valid until 18 months after the date of exit from my program of services. This authorization is valid for the purpose of obtaining information for program performance reporting and participant follow-up activities related to pre-participation and post exit employment and earnings and for the purpose of obtaining educational information relating to vocational certification. I understand that, as a condition of my receiving services, information collected by the Employment Security Department related to employer reported employment and wage records will be used for purposes of determining overall program performance.

Customer Signature

Customer Name

Date

Parent/Guardian Signature

Parent/Guardian Name

Date

Case Manager Signature

Case Manager Name

Date

Registering with Job Service and Workforce Center through Arkansas JobLink

The questions marked with * must be answered to complete your application. Thank you for using our services!

1. Name (*First) _____ (Middle) _____ (*Last) _____

2.*Address _____
Street or PO Box City County State ZIP Code

3. Phone() _____ Alternate #() _____ Fax() _____ 4. E-mail address _____

5.*Social Security Number _____ 6.*Date of birth _____ 7.*Gender: Male Female

8.*Race: White or Caucasian Asian or Asian American Black or African American
 Hawaiian or Other Pacific Islander American Indian or Eskimo Other

9.*Education status: Attending high school or middle school
 Attending post-secondary school (community college, technical school, college/university)
 High school graduate, GED or post-secondary graduate – not attending school
 Not a high school graduate; not attending school at this time

10. Highest grade completed _____

11.*Have you served on active duty with the Armed Forces of the United States?
 Yes, 180 days or less Yes, more than 180 days No

If yes, please answer the **VETERAN** questions on the next page (Page 1, Supplement).

12.*Are you the spouse of any person who died on active military duty or of a military service connected disability? Yes No

13.*Are you the spouse of any member of the Armed Forces service on active duty who at the time of this registration has been in any one or more of the following categories for more than 90 days?
 Missing in action Forcibly detained or interned in the line of duty by a foreign government or power
 Captured in the line of duty by a hostile force No I am not the spouse of a member of the armed services

14.*Are you the spouse of any person who has a total disability permanent in nature resulting from a military service-connected disability? Yes No

15.*Are you the spouse of a veteran who died while diagnosed with a total disability permanent in nature resulting from a military service-connected disability? Yes No

16. Are you a Seasonal Farmworker or Migrant Farmworker? Yes No

17. Are you: Employed Not employed 18.* Number weeks not employed during last 26 weeks: _____

If you are not employed, please answer the questions relating to **UNEMPLOYMENT** on the next page (Page 1, Supplement).

19.* Please select your interstate worker status:
 Live in another state but looking for work in Arkansas Live in Arkansas but looking for work in another state
 Live in Arkansas and looking for work in Arkansas Live in Arkansas and looking for work in Arkansas and other states
 Live in another state and looking for work in another state

20.* State Unemployment Insurance claims (UI) program (Please select your claimant status):
 State claimant Extended benefits claimant Exhausted UI benefits
 Federal or military claimant TRA claimant Not a claimant

21. Have you registered with Selective Service? Yes No Exempt from Selective Service

22.* Citizenship: U.S. citizen
 Non-citizen eligible to work in the U.S.; must be able to provide proof of eligibility
If you checked this category: *Alien Certification Number _____
*INS Form Number _____
 Non-citizen not eligible to work in the U.S.

23. Do you have a valid Arkansas driver's license? Yes No 23. Do you have a commercial driver's license? Yes No

Class: A B C D
 Endorsement _____

Name _____ Social Security Number _____ Date _____

If you answered that you are a **VETERAN**, please answer the following questions:

* Select your branch of service: US Air Force US Army US Coast Guard US Marines US Navy

*Active duty start date _____ * Active duty end date (OR projected active duty service end date)
(mm/dd/yyyy) OR projected retirement date) _____
(mm/dd/yyyy)

Type of discharge? Honorable Other Dishonorable

Are you a participant in the Transition Assistance Program? Yes No

Are you within 12 months of discharge? Yes No Are you within 24 months of retirement? Yes No

* Veteran Type: Veteran Vietnam Era Campaign Campaign Vietnam Era

*Are you entitled to compensation for a disability incurred while on active military duty? Yes No

*Were you discharged or released from active military duty because of a disability incurred while on active military duty?
 Yes No

*Have you received a rating for a disability incurred while on active military duty that is not entitled to compensation?
 Yes No

*Are you entitled for compensation for a disability incurred while on active military duty and your disability is rated at 30% or more? Yes No

*Has your disability been rated at less than 30%, and has the Department of Veterans Affairs classified you as a "Special Disabled Veteran" because the disability you incurred while on active military duty is considered a serious barrier to employment? Yes No

What is your current disability rating from the Department of Veterans Affairs? _____%

If you answered that you are **UNEMPLOYED**, please answer the following questions:

* **Dislocated Worker** (Please select the ONE that best describes your situation):

- Have you been terminated or laid off or received a notice of termination or layoff from your employer?
- Was the termination or layoff the result of a permanent closing or substantial layoff by your employer?
- Are you employed by an employer who has made a general announcement that the business will close within 180 days?
- For purposes of eligibility, to receive services other than training services, intensive services, or supportive services, are you employed at a facility at which the employer has made a general announcement that such facility will close?
- Were you self employed and are now unemployed due to the general economic conditions in the community in which you reside or because of a natural disaster?
- Are you a homemaker who has been providing unpaid services to family members in the home and dependent on the income of a family member whose support is no longer available; and, are you unemployed or underemployed and having difficulty obtaining or upgrading your employment?
- Are you unemployed as a result of closures or realignments of military installations?
- Are you unemployed due to multiple layoffs in a single local community that has significantly increased the total number of unemployed in the community?
- Are you unemployed due to emergencies or natural disasters which have been declared eligible for public assistance by FEMA?
- None of the above

*Are you likely to return to your previous occupation or industry? Yes No

*Have you received information that you are eligible for unemployment benefits or that you have exhausted your unemployment benefits? Yes No

*Have you received information that you are not eligible for unemployment benefits due to a lack of sufficient earnings or that you performed services for an employer not covered by unemployment insurance? Yes No

*Please enter your termination or layoff date _____ *Number of months at employer of dislocation: _____
(mm/dd/yyyy)

*From what industry were you dislocated? _____ *Hourly wage at dislocation (\$0.00): _____

What was your occupation (job) at the time of your dislocation? _____

Name _____ Social Security Number _____ Date _____

24. Work History: To finish registering, please enter your most recent work history as you would like for it to appear on your resumé. Registration will begin once this process has been completed. If you do not add a work history or provide information on the type of work you are looking for, your registration with Job Service will not be completed. **YOU WILL NOT BE REGISTERED WITH JOB SERVICE.** If you have any questions, please contact your local Arkansas Workforce Center or Employment Security Department office.

* Job title: _____ * Company name: _____

* Company City: _____ * State: _____ * From: _____ * To _____
Month/Year Month/Year

Description and duties of the job: _____

The above information will appear on your resumé. The information below will not appear on your resumé, but we will use it to serve you better.

Your wage (\$0.00) _____ per hour year other _____ Hours worked per week: _____

Reason for leaving: Quit Fired Laid off Labor dispute Other Do you want to search for work like this job description? Yes No

Job title: _____ Company name: _____

Company City: _____ State: _____ From: _____ To _____
Month/Year Month/Year

Description and duties of the job: _____

The above information will appear on your resumé. The information below will not appear on your resumé, but we will use it to serve you better.

Your wage (\$0.00) _____ per hour year other _____ Hours worked per week: _____

Reason for leaving: Quit Fired Laid off Labor dispute Other Do you want to search for work like this job description? Yes No

Name _____ Social Security Number _____ Date _____

Job title: _____ Company name: _____

Company City: _____ State: _____ From: _____ To _____
Month/Year Month/Year

Description and duties of the job: _____

The above information will appear on your resumé. The information below will not appear on your resumé, but we will use it to serve you better.

Your wage (\$0.00) _____ per hour year other _____ Hours worked per week: _____

Reason for leaving: Quit Fired Laid off Labor dispute Other Do you want to search for work like this job description? Yes No

Job title: _____ Company name: _____

Company City: _____ State: _____ From: _____ To _____
Month/Year Month/Year

Description and duties of the job: _____

The above information will appear on your resumé. The information below will not appear on your resumé, but we will use it to serve you better.

Your wage (\$0.00) _____ per hour year other _____ Hours worked per week: _____

Reason for leaving: Quit Fired Laid off Labor dispute Other Do you want to search for work like this job description? Yes No

If you have additional work history you would like to include please ask the staff person assisting you for another page.

Name _____ Social Security Number _____ Date _____

This section is for **staff use only** and is used to determine eligibility for various programs.

Approved TAA petition number _____ NEG Project ID 1 _____
Approved NAFTA petition number _____ NEG Project ID 2 _____
Other Statewide 15% Program ID _____ NEG Project ID 3 _____

* **What is today's date** (Eligibility for various programs will be determined using this date) _____

* **In what county are you seeking service?** _____

Are you a PELL Grant recipient? Yes No **If yes, PELL Grant amount per semester: \$** _____

EES Client ID _____ Other Agency Client ID _____ Other Agency Client ID _____

- * **Basic skills deficient** English Math Both No
 - * **Limited English language proficiency** Yes No
 - * **School dropout** Yes No
 - * **Runaway** Yes No
 - * **Pregnant** Yes No
 - * **Parenting teen** Yes No
 - * **Offender** Yes No
 - * **Requiring additional assistance to complete an educational program** Yes No
 - * **Requiring additional assistance to secure and hold employment** Yes No
 - * **Learning disability** Yes No
 - * **Poor work history** Yes No
 - * **Substance abuse** Yes No
 - * **Older worker** Yes No
 - * **Child care** Yes No
 - * **Transportation** Yes No
 - * **Youth who is unemployed or underemployed at registration** Yes No
 - * **TANF recipient** Yes No Exhaustee
- Number of months on TANF/TEA/AFDC Cash Assistance** _____

- Yes No **Receives or is a member of a family that receives cash payments under a federal, state, or local income based public assistance program**
- Yes No **Received an income, or is a member of a family that received a total family income, for the six month period prior to application for the program involved that, in relation to family size, does not exceed the poverty line**
- Yes No **Received an income, or is a member of a family that received a total family income, for the six month period prior to application for the program involved that, in relation to family size, does not exceed 70 percent of the lower living standard income level (LLSIL) for an equivalent period**
- Yes No **Member of a household that receives, or has been determined within the six month period prior to application for the program involved to be eligible to receive, food stamps**
- Yes No **Homeless individual**
- Yes No **Disabled and own income meets the income requirements of a participant who receives cash payments under federal, state, or local income based public assistance programs**
- Yes No **Disabled and own income is at the poverty line for a six month period prior to application for the program involved regardless of whether their family does not meet this income requirement**
- Yes No Former Foster Care Recipient **Foster child**
- Yes No **Within the five percent of youth participants served by youth programs in a local area who do not meet the income criterion for eligible youth**

Job Order Form
Arkansas Employment Security Department
Arkansas Workforce Center
Answers to questions marked * are required to complete the job order

1. *Company or agency _____ Date _____
2. *Address _____
Street or PO _____ City _____ State _____ ZIP _____
3. *Federal Employer ID # _____ *4. State Employer ID # _____ 5. *Federal Contractor? Yes No
6. Contact _____
*First Name _____ *Last Name _____ Job Title _____
7. *Phone () _____ 8. Fax () _____ 9. E-Mail _____
10. Would you like to receive resumé matches by e-mail? Yes No
11. *Job Title _____ 12. *Low Salary _____ *High Salary _____ per year hour other
13. *Preferred Education Level:
 No educational requirement Some college Master's degree
 Some high school or less Associate's degree Ph.D
 High school diploma or equivalent Bachelor's degree MD, OD or related
 Vocational certificate or credential
14. *Number of openings _____ 15. *Number of referrals requested _____
16. What do you want job applicants to see?
 All information Staff search only - No display "Blind Ad" - No company identification
17. *Job category: Regular Domestic Apprenticeship WIA Work experience
 WIA OJT WIA training WIA other Tax credit requested
 Tax credit acceptable Job Corps Other training _____
18. How would you like to receive information from applicants?
 E-mail Fax Mail In person Through recruiter Phone contact
19. If you checked E-mail, which format do you prefer for attachments? Text only Word doc. No attachments
20. *Description and duties of the job _____

21. Specific talent (skill) requirements and bona fide occupational qualifications _____

22. Driver's license requirements: None Commercial Class A Commercial Class B Commercial Class C
23. Required experience _____ / _____
Years Months 24. Commission/Tips? Yes No
25. *Shift: Day Evening Night Rotating Split No preference
Shift time: _____ a.m. p.m. _____ a.m. p.m.
Start End
26. *Employment type (select one from each line): Full time Part time Either full time or part time
 Regular Temporary
27. * Number of hours per week _____ 28. Date job will be available _____
29. If you want applicants to complete your company employment application at our office before referral, please check here.