

MENDOCINO WORKS Job Listing

Order Completed By: _____

Date: _____

A. EMPLOYER INFORMATION

Employer Name: _____ Contact Person: _____ Phone #: _____

Job Site Location: _____ State Employer ID#: _____
(State Tax ID # for Qtrly. tax, known as EDD Employer Account #)

Type of Business: _____ Street Address: _____

Mailing Address: _____ City/State: _____ Zip Code: _____

Fax Number: _____ E-mail Address: _____

B. OTHER AGENCY INFORMATION (Check all that apply):

Are you interested in learning more about the benefits of hiring qualified individuals who are:

- | | | |
|-----------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> People with Disabilities | <input type="checkbox"/> On-the-Job Training Candidates | <input type="checkbox"/> Work Experience – Employer Paid |
| <input type="checkbox"/> Public Assistance recipients | <input type="checkbox"/> College Students | <input type="checkbox"/> Work Experience – Other Agency Paid |
| <input type="checkbox"/> Eligible for Employer Tax Credit | <input type="checkbox"/> Older Workers | <input type="checkbox"/> Work Experience – Unpaid |
| <input type="checkbox"/> Youth Ages 16 – 21 | <input type="checkbox"/> Farm workers | <input type="checkbox"/> West Company |

C. JOB OPENING INFORMATION

Job Title: _____ Closing Date of Listing: _____

Would you consider this an entry level job? Yes No Language Requirements: _____

List Job Duties and Physical/Other Demands: _____

Typing (WPM): _____ Number of Job Openings: _____ Date Job available: _____

Starting Wage/Range: Min: _____ Max: _____ Years of Experience: _____

Shift: Day Swing Night

Education: Required Preferred

Hours per week: _____

High School/GED Some Post High School

Days per week: _____

Associate Degree Bachelors Degree

Duration: Temporary Long Term

Masters Doctorate Degree

Driver's License Needed? Yes No

Class: A B C M N/A

DMV Printout Required? Yes No

Other Post Secondary School or training/certificate
Type of Certificate: _____

Fingerprinting Required? Yes No

Drug Testing Required? Yes No

_____ Years of related experience may substitute for education.

Benefits: Medical Insurance Dental Insurance Vision Insurance Life Insurance
 Paid Sick Leave Paid Vacation Retirement Plan Child Care

Other: _____

REFERRAL INSTRUCTIONS (check all that apply)

- I want the job seekers to contact us directly: **or** I want agency assistance in choosing job seekers to apply:
- By Telephone _____ Agency to mail or fax resume to us:
- Mail Resume to: _____ Mail: _____
- Fax Resume to: _____ Fax: _____
- E-mail Resume Online to: _____ Agency to screen and refer job seekers.
- _____
- Report Directly Between the Hours of : _____
- _____ AM/PM and _____ AM/PM
- Applications On-Site at: _____
- _____

Job Order Contact Person: _____

You may view a list of community resources at our website: www.mpic.org or have one faxed to you by checking the box below.

- I would like to have a fax of the resource list.

COMMENTS

EMPLOYER AUTHORIZATION

Mendocino Works has given me the choice of listing my job opening in either the public or confidential system. I've indicated my choice below:

- I agree to have my job order placed in the **public system**. I understand that this will give Job seekers my company name, address, phone number, and referral instructions so that they may refer themselves to this/these job opening(s) directly in the manner I specify.
- I agree to have my job order placed in the **confidential system**. I do not want my company information displayed.

In order to comply with the Information Practices Act, please read this brief statement in submitting this job order: I agree to hold the State of California and the Employment Development Department and Partnering Agencies harmless for any use of CalJOBS information for reasons other than the stated purpose.

Please Note: EDD and Partners do not verify applicant supplied information.

Signature and title of employer or employer representative

Date

MENDOCINO WORKS CONTACT INFORMATION

In Willits (North County Area):

Willits EDD
221 South Lenore Avenue
Willits, CA 95490
(707) 456-3760
Fax: (707) 456-3701

In Ukiah:

Ukiah EDD
631 South Orchard Avenue
Ukiah, CA 95482
(707) 467-5900
Fax: (707) 467-5901

Fort Bragg (Coastal Area):

Fort Bragg EDD
310 East Redwood Avenue
Fort Bragg, CA 95437
(707) 962-1001
Fax: (707) 961-1761

Contact Person: _____