



U.S. Virgin Islands Department of Labor Job Service Division

DATE _____
 JO # _____
 NAICS CODE _____
 SOC _____
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- **St. Thomas/St. John** (340) 776-3700 Fax (340) 714-4994
- **Christiansted, St. Croix** (340) 773-1440 Fax (340) 773-1515
- **Frederiksted, St. Croix** (340) 772-2312 Fax (340) 772-9543

EMPLOYERS: Providing the information requested on this special job order form will help us understand your hiring needs and will assist us in locating the most suitable candidate(s). To submit your job order, please fill out one **FAST FAX JOB ORDER FORM** for each job title and fax it to us or use it as a guide if you prefer to place your order by telephone.

GENERAL INFORMATION

Company _____ EIN [][]-[][][][][]
 Address _____ City _____ State _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____
 Type of Company _____ Tel # _____ Fax # _____
 Person placing the order _____ Job Title _____
 Person to contact for interview _____ Title of Job Opening _____
 Directions to Employer's Location _____
 Number of Job Openings _____ Number of persons you wish to interview _____
Referral Instruction (s): Resumes Walk-In Welcome Appointments Only Other _____

JOB REQUIREMENTS

Education Preferred? HS/GED Some College AA BA MA MD PhD Experienced? Yes No
 Years Experienced? 6 mo. – 1 yr 1 – 3 yrs 3 – 5 yrs 5 – 7 yrs 7 or more years
 Certifications / Licenses? LPN RN CPA Other _____
 Trainee? Yes No Related Experienced? Yes No If yes, please specify _____
 Job is Permanent Temporary? (Duration _____ to _____) Full-Time Part-Time (_____ hrs)
 Job Start Date _____ Shifts? 8AM - 5PM 7AM - 3PM 3PM - 11PM 11PM - 7AM Other _____
 Work Days M T W Th F S Su Overtime? Yes No
 Salary Range \$ _____ to _____ hourly rate Pay Period Weekly Bi-Weekly Monthly Quarterly Yearly

OTHER HIRING REQUIREMENTS <i>Check Appropriate Box(es)</i>	BENEFITS <i>Check Appropriate Box(es)</i>
Driver's License? <input type="checkbox"/> [Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D] <input type="checkbox"/>	Hospital Insurance? <input type="checkbox"/>
Reference/Security Test? <input type="checkbox"/>	Paid Vacation? <input type="checkbox"/>
Physical Exam? <input type="checkbox"/>	Medical Insurance? <input type="checkbox"/>
Health Card? <input type="checkbox"/>	Life Insurance? <input type="checkbox"/>
Must Join Union? <input type="checkbox"/>	Retirement Pay? <input type="checkbox"/>
Own Tools? <input type="checkbox"/>	Dental Insurance? <input type="checkbox"/>
Bondable? <input type="checkbox"/>	Disability Insurance? <input type="checkbox"/>
Employment Test? <input type="checkbox"/>	Other? _____ <input type="checkbox"/>
	Continuing Education/ Tuition Reimbursement? <input type="checkbox"/>

JOB DESCRIPTION *(please include duties and responsibilities)*

Please provide a brief description of the job. List skills, aptitudes, equipment used or operated, special physical demands and/or special working conditions. All hiring requirements listed here and checked above must be bona fide occupational qualifications. Include the work site, if different from the company address. **If available, attach a copy of detailed job description.**

DEPARTMENT OF LABOR OFFICE USE ONLY: *(Please do not write below this line)*

Occupation _____ Sta/Desk _____ Ownership _____ Affirmative Action Yes No