JOB PLACEMENT INFORMATION FORM

Please complete this form for employees you have hired. This information is necessary for our agency to receive funding to continue to provide you with this valuable service.

You can complete this form one of two (2) ways:

A. We recommend the form be completed electronically.

Place your cursor in the first gray shaded field and type in the appropriate information.

Tab to each field or use the arrow keys to move up, down, right, or left to other cells.

Save a copy for your records. Email your completed form to your OhioMeansJobs Center

contact

<u>OR</u>

B. Print out a hard copy of the form and complete it by hand.

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Fax to 330-287-5893								
Your Company Name:								
Street Address:	County							
City, State, Zip:	City					State	Zip	
Company Phone:	Area Code			Phone	e #			
T				~ .	~ "			
Employee Name				Soc. S	Sec. #			
Job				Date	of		Rate of	
Title				Hire			Pay	
Number of hours		Full	Part				tion serve the oil and gas	
scheduled for work per week		Time	Time		Casual	industry?		
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Job				Date	of		Rate of	
Title				Hire			Pay	
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scheduled for work per week Industry		типе 🔲	Time	<u> </u>	Casual	industry? [WIA Use On		
industry						OMJ#	ıy	
Employee				Soc. S	Sec. #			
Name								
Job				Date	of		Rate of	
Title		F 11	D /	Hire		D 4:	Pay	
Number of hours scheduled for work per week		Full Time	Part Time		Casual	industry?	tion serve the oil and gas Yes No	
Industry						WIA Use On		
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Employee				Soc. S	Sec. #			
Name								
Job				Date	of		Rate of	
Title				Hire		T	Pay	
Number of hours		Full Time	Part Time	П	Casual	Does this posi	tion serve the oil and gas Yes No	
scheduled for work per week Industry		1 IIIIC	1 11116		Casual	WIA Use On		
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(Please sign)				Vame				
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