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**
   OR

B. Print out a hard copy of the form and <u>complete it by hand</u>.
   Fax to 330-287-5893

Ohio MEANS Jobs.
A proud partner of the American Job Center network

Your Company Name:	
Street Address:	County
City, State, Zip:	City / State / Zip
Company Phone:	Area Code / Phone #

Employee Name			Soc. Sec. #	
Job Title		Date of Hire	Rate of Pay	
Number of hours scheduled for work per week	Full Time ☐	Part Time ☐ Casual ☐	Does this position serve the **oil and gas industry?** ☐ Yes ☐ No	
Industry			**WIA Use Only** **OMJ #**	

Employee Name			Soc. Sec. #	
Job Title		Date of Hire	Rate of Pay	
Number of hours scheduled for work per week	Full Time ☐	Part Time ☐ Casual ☐	Does this position serve the **oil and gas industry?** ☐ Yes ☐ No	
Industry			**WIA Use Only** **OMJ #**	

Employee Name			Soc. Sec. #	
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Number of hours scheduled for work per week	Full Time ☐	Part Time ☐ Casual ☐	Does this position serve the **oil and gas industry?** ☐ Yes ☐ No	
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Industry			**WIA Use Only** **OMJ #**	

Completed by (Please sign)	Printed Name
	Title