

# FAX YOUR JOBS TO US

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\_\_\_\_\_ FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ CO-OP \_\_\_\_\_ SUMMER \_\_\_\_\_ TEMPORARY

EMPLOYER OR

NAME OF FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEB ADDRESS: \_\_\_\_\_

CONTACT PERSON/TITLE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SALARY/BENEFITS: \_\_\_\_\_

HOURS/DAYS: \_\_\_\_\_ NUMBER OF OPENINGS: \_\_\_\_\_

JOB RESPONSIBILITIES & EDUCATION REQUIRED OR ANY OTHER PERTINENT INFORMATION:

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