

## Local Agriculture Job Order Form

**Employer Information:**

Today's Date: \_\_\_ / \_\_\_ / \_\_\_ Federal ID: \_\_\_\_\_ State ID: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Would you like candidates to apply directly, without contacting the NYS Dept of Labor?

Yes-Unsuppressed = Company name is on internet      No-Suppressed = Candidate contact DOL

Contact Person/Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

URL Address: \_\_\_\_\_ Email: \_\_\_\_\_

Referral Method: (Select all that apply)    Email    Online    Fax    Telephone    Mail    In Person

Type of Business: \_\_\_\_\_

**Job Information:**

Job Title: \_\_\_\_\_ Job Location and Zip Code: \_\_\_\_\_

How Many Openings: \_\_\_\_\_ Duration:    Temporary    Regular    Seasonal    Full Time    Part Time

Work Days per Week:    Mon    Tue    Wed    Thu    Fri    Sat    Sun    Hours Per Week: \_\_\_\_\_

What Shifts:    First    Second    Third    Varies    Other Explain: \_\_\_\_\_

Level of Education:    Less than HS    GED    High School    Vocational Degree    Some College  
Associate Degree    Bachelor's Degree    Master's Degree    Doctoral Degree/Ph.D.

Licenses/Certificates/Degrees: \_\_\_\_\_

How many years' Experience are required? \_\_\_\_\_ Years \_\_\_\_\_ Months

Acceptable related experience: \_\_\_\_\_

Would you accept a trainee?    Yes    No

Pay Range: Minimum Pay: \_\_\_\_\_ to Maximum Pay: \_\_\_\_\_

Starting pay is negotiable depending on experience.    Minimum pay to start; maximum eventually.

Driver's License    Yes    No    Class: Regular (D)    or CDL    A    B    C    E

(Required for Job Duties)

Own Car required for job:    Yes    No    Bus Route:    Yes    No    Union Affiliation:    Yes    No

Benefits Available: (Check all that apply)

Health Insurance    Dental Insurance    Vacation    Sick Leave

Holiday    Retirement/401k    Clothing Allowance    Child Care

Other hiring requirements conducted by employer: (check all that apply)

Own Tools    Drug Screening    Medical Exam    Reference Check    Criminal Background Check

Is Housing being provided?    Yes    No

Has housing been inspected?    Yes    No    When? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Directions to Work Site:**