



RI Department of Labor and Training Employer – Job Order Form



**Please complete ALL fields in SECTIONS 1 - 3 for ALL job orders. If job order is being placed in connection with a future application for H-2A or H-2B workers, then also complete SECTION 4.
FAX to (401) 462-8722**

If you are interested in applying for the **On-the-Job Training program** (50% wage reimbursement) for this position, please indicate by checking Yes or No and a Representative will call you to go over the details: YES NO

SECTION 1 - GENERAL INFORMATION					
Company Name <i>(DBA Name)</i>			Is job order being placed in connection with a future application for H-2A or H-2B workers? Yes No		
Federal Identification Number:		RI Employer Identification Number:		If "Yes", indicate type of Visa Classification: H-2A H-2B	
Legal Business Name <i>(If applicable)</i>			Is job order being placed in connection with a 30-day PERM position? Yes No		
Address					
City		State			
Job Title					
Job Location – Address, City, State, Zip <i>(If same, leave blank)</i>					
Contact Person			Title		Phone
Ext.					
Fax		Alternate Phone		Ext.	E-Mail Address
How would you like the job seeker to apply for this position?					
E-Mail _____ Apply Online/URL _____					
Phone _____ Fax _____ In Person By Mail					
SECTION 2 - ADDITIONAL INFORMATION					
Number of Openings _____	Shift First (Day) Second (Evening) Third (Night) Rotating Split Varies		Education Required Less than High School High School Diploma / GED Associates Degree Bachelor's Degree Master's Degree Doctorate Degree Vocational Degree Specialized Degree _____		Rate of Pay Minimum \$ _____ Maximum \$ _____ Hour Week Month Year
Duration Full-Time Part-Time Temporary	Work Days Monday through Friday Days Vary _____ Weekends Required		Experience Required Years _____ Months _____ Hourly Work Schedule _____ AM to _____ PM OR _____ AM to _____ PM		
Hours Per Week Basic _____ Overtime _____ <i>(If applicable)</i>					
Required License, Certificate or Registration					

