



Return to: Wisconsin Job Order Call Center

Email: WJJobOrders@dwd.state.wi.us

Phone: 888-671-5627

Fax: 888-720-5627

Job Order

You may enter your Job Orders at:

www.jobnet.wisconsin.gov/business

Company Information

Personal Information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Site Trade Name (Local Given Name)		Company Legal Name	
Address (Street, City, State, Zip Code)			
Unemployment Insurance 6-Digit Account Number	Telephone Number () ()	Fax Number () ()	Website

Who should we contact with questions about this form?

Contact Name/Title	Contact Telephone Number () ()	Extension
Contact E-Mail	Contact Fax Number () ()	
Company Profile – Describe your company, its products and services:		

Job Details/Working Conditions

Job Title		Number of Openings
Work Week: <input type="checkbox"/> Permanent, FT <input type="checkbox"/> Permanent, PT <input type="checkbox"/> Temporary, FT <input type="checkbox"/> Temporary, PT <input type="checkbox"/> Full Time/Part Time		If Temporary, Job End Date
Duration of Job: <input type="checkbox"/> 1 – 3 Days <input type="checkbox"/> 4 – 150 Days <input type="checkbox"/> Over 150 Days	Shift(s): Full Time <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Rotating <input type="checkbox"/> Part Time <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends Other:	
Hours Per Week: Minimum: Maximum	Work Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
Hours of Work		
Compensation (PAY) Range: Minimum: Maximum:	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Negotiable Plus: <input type="checkbox"/> Tips <input type="checkbox"/> Commission <input type="checkbox"/> Piece Work <input type="checkbox"/> Room & Board <input type="checkbox"/> Based on Experience <input type="checkbox"/> Other:	

Job Duties and Responsibilities (Note: Experience and Qualifications are on Page 2)

Describe the essential duties and responsibilities of this job such as machines, tools, equipment and materials involved; services performed and working conditions/physical demands.

Is this an Apprenticeship position? Yes No

Hais ua lus Hmoob ntawm no (Hmong spoken here).
 Se habla Español (Spanish spoken here).

Benefits (Check all that apply)

No Benefits (no other boxes should be checked)

Insurance: <input type="checkbox"/> Health <input type="checkbox"/> Disability <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Life	Leave & Holidays: <input type="checkbox"/> Sick Leave <input type="checkbox"/> Personal <input type="checkbox"/> Vacation <input type="checkbox"/> Paid Holidays	Retirement: <input type="checkbox"/> Retirement <input type="checkbox"/> 401K Plan <input type="checkbox"/> Profit Sharing	<input type="checkbox"/> Flexible Spending Accounts (Dependent & Medical) <input type="checkbox"/> Deferred Compensation
Education & Training: <input type="checkbox"/> Paid Training <input type="checkbox"/> Tuition Reimbursement	Transportation: <input type="checkbox"/> Subsidy <input type="checkbox"/> Car/Van Pool <input type="checkbox"/> Other:	Child Care: <input type="checkbox"/> Subsidy <input type="checkbox"/> On-Site <input type="checkbox"/> Other	Miscellaneous Benefits: <input type="checkbox"/> Paid Uniforms <input type="checkbox"/> Flexible Work Schedule <input type="checkbox"/> Paid Meal During Work Shift

Other Benefits (describe):

Benefits Comments (co-pay, after probation, etc.):

Company Information

Counties Where Work Will be Performed	
Additional Work Site Information (if applicable)	
Public Transportation to Work Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe, if Applicable:

Education Requirements

Education/Training Level: <input type="checkbox"/> None <input type="checkbox"/> Desired <input type="checkbox"/> Required		
<input type="checkbox"/> High School Diploma/GED Equivalent	<input type="checkbox"/> Certificate or Diploma Beyond High School	<input type="checkbox"/> Associate of Arts Degree
<input type="checkbox"/> Bachelor of Arts Degree	<input type="checkbox"/> Bachelor of Science Degree	<input type="checkbox"/> Master of Arts Degree
<input type="checkbox"/> Master of Science Degree	<input type="checkbox"/> Master of Business Administration Degree	<input type="checkbox"/> Doctor of Philosophy/Medicine/Law
Education/Training Description		
Licenses/Certifications		

Drivers License and Vehicle

Is a Drivers License needed to perform this job? <input type="checkbox"/> Yes <input type="checkbox"/> No									If yes, indicate class and endorsements needed:			
Class	None	Desired	Required	Endorsement	None	Desired	Required					
A – Commercial Motor Vehicle				T – Double/Triple Trailers								
B – Commercial Motor Vehicle				N – Tank Vehicles								
C – Commercial Motor Vehicle				H – Hazardous Materials								
D – Automobile, Light Truck & Moped				P – Passenger Vehicle								
M – Motorcycle				F – Farm Service (restricted)								
Is a vehicle needed to perform the job? <input type="checkbox"/> Yes <input type="checkbox"/> No												

Age Requirements (must comply with applicable state and federal laws)

Minimum:	Maximum:	<input type="checkbox"/> None	<input type="checkbox"/> Desired	<input type="checkbox"/> Required
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Experience and Qualifications

Experience Needed for this Job
Qualifications (Skills/Aptitudes, Driving Record, Pre-Employment, etc.)

Application Instructions and Job Order Removal Date

How should applicants apply for this job? <input type="checkbox"/> Apply in Person <input type="checkbox"/> Fax A Resume () _____ <input type="checkbox"/> Mail a Resume <input type="checkbox"/> Call for Appointment () _____ <input type="checkbox"/> DWS-5011 Work Application <input type="checkbox"/> Other – If checked, explain in next box → <input type="checkbox"/> E-mail a Resume _____	Additional Application Instructions
Removal Date: ____ / ____ / ____ <small>If Removal Date is blank, order will automatically be inactivated after 30 days. The date entered may not be greater than 90 days</small>	
Does this Employer meet the Federal definition of Affirmative Action? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to be identified with this job order on JobNet? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this recruitment for a Staffing Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, contracted employer's name: _____ <input type="checkbox"/> Temporary <input type="checkbox"/> Temp-to-Perm <input type="checkbox"/> Direct Hire
Requested Follow-up Date	Reason

Staff Use

Source of Job Order: <input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> In Person
Is this Employer a Federal contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No