

# 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 complete it by hand.**

**Fax to 330 491-2650 in Canton or 330 602-2858 in New Philadelphia**



<b>Your Company Name:</b>			
<b>Street Address:</b>			County
<b>City, State, Zip:</b>	City	State	Zip
<b>Company Phone:</b>	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 <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/>	Does this position serve the <b>oil and gas industry?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Industry	<b>WIA Use Only</b> OMJ #	

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Completed by (Please sign)	Printed Name
	Title