

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



Your Company Name:			
Street Address:			County
City, State, Zip:	City	State	Zip
Company Phone:	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 oil and gas industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Industry				WIA Use Only OMJ #	

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Completed by (Please sign)	Printed Name
	Title