



## MDCS JOB ORDER FORM

**Instructions:** Fill out the form below completely and email to: [h2bprograms@mass.gov](mailto:h2bprograms@mass.gov).

**Job Order filling Date:** \_\_\_\_\_ **CNPC case #:** H-

### I. Employer Information

Business Name: \_\_\_\_\_ FEIN #: \_\_\_\_\_  
D.B.A., if applicable: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

### II. Agent Information

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

### III. Job Information

Job Title: \_\_\_\_\_ O\*NET Code: \_\_\_\_\_ NAICS Code: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
# of Openings: \_\_\_\_\_ Workdays (Specify): S M T W T F S  
Number of Hours Per Week: \_\_\_\_\_ Per Day: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(am/pm) (am/pm)  
Education: None High School College Advanced  
Experience: None Months Years On the job training? Yes No

### IV. Wage Information

Wage Rate: \$ \_\_\_\_\_ Overtime: Yes No Overtime Rate: \$ \_\_\_\_\_  
Frequency of Pay: Weekly Bi-weekly Monthly Other (specify): \_\_\_\_\_  
Employer uses a single work week as the standard for computing wages due: Yes No

**V. Job Description** - Describe, in detail, the job duties to be performed by any worker hired for the job opportunity, including any equipment to be used as well as any other pertinent work tasks to be performed.

**VI. Deductions** - The job order must specify all deductions not required by law which the employer will make from the worker's pay. ***Deductions not disclosed are prohibited.***

**VII. Employer Recruitment Information**

**Applicants** may apply directly to the employer by phone: \_\_\_\_\_ or via e-mail: \_\_\_\_\_.  
Applicants may also apply through the local MassHire Career Center (MCC), whose contact information is listed below.

**Employer/Agent** - Please use the on-line [MassHire Career Centers](#) locator to identify the nearest office to the area of intended employment and complete the information below:

MassHire Career Center Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

**MassHire Department of Career Services Contact Information**

|                                |  |                        |  |
|--------------------------------|--|------------------------|--|
| <b>State Workforce Agency:</b> | MassHire Department of Career Services | <b>Contact Person:</b> | FLC Unit Supervisor  |
| <b>SWA Address:</b>            | 100 Cambridge St, 5 <sup>th</sup> Fl.  | <b>Telephone:</b>      | 617-626-5587   |
| <b>City/State / Zip Code:</b>  | Boston, MA 02114                       | <b>E-mail:</b>         | <a href="mailto:h2bprograms@mass.gov">h2bprograms@mass.gov</a> |

**V. Job Description (Cont'd)**