TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT





EMPLOYER INFORMATION				JOB INFORMATION			
Are you a first time user of TDLWD Services? Yes No				Job Title:			
Name of Company:							
Street Address:			Months Experience Required: Minimum Educational Requirements:				
City:	State:	Zip:	If a test is required who will administer the test, you or your agent? (If Agent please identify)				
Telephone Number: FAX Number:			Minimum Number of Applicants to Refer: *(See below) Age: Openings: per opening				
Whom to contact:				Duration of Job: Wage/Salary is per:			
Employer's EMail Address:			Less than 4 days Hour		Year		
FEIN (Federal Employer ID Number): TN Employer A		r Account Number:	4 to 150 days Permanent		Week Month	Commission (%) Other (Specify)	
Is this job order being listed pursuant to an Affirmative Action Plan? Yes No			Work Hours (i.e., 8:00 AM - 5:00 PM)			Work Days (i.e., MON - FRI)	
Are you a <u>Federal Contractor</u> Sub-Contractor? Yes	or County:		How many hours per week?			-	
How to refer: Call for A	Appointment .	Mail Resume	Fax Resun	ie .	Apply In Per	rson EMail Resume	
Other (ex	Name of Company Street City	Street					
Return completed form to: this address or the nearest Career Center or Affiliated Office	Office Name: Street: City/State: Zip:			Fax EMo	ne Number: Number: nil Address: ncy Contact:		
DO NOT WRITE IN THIS SPACE - FOR LABOR AND WORKFORCE DEVELOPMENT USE ONLY.							
ORDER DATE	SIC/NAICS	D.O.	Т.	JO	ID#	JOB ORDER NUMBER	
					Т	'N	