

Workforce Placement Job Order Form

Company Information

Company Name: _____
Contact Person: _____
Address: _____
Phone / Email: _____

Job Details

Position Title: _____
Number of Vacancies: _____
Job Location: _____
Working Hours: _____
Salary / Rate: _____
Employment Type: _____
Job Description: _____

Candidate Requirements

Qualifications / Skills: _____
Experience Required: _____
Other Requirements: _____

Placement Details

Start Date: _____
Contract Duration: _____
Benefits (if any): _____

Authorization

Authorized by (Name & Position): _____
Signature: _____ Date: _____