

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: _____