



JOB ORDER TAKING AIDE

EMPLOYER INFORMATION

Employer Name _____ Contact Person _____

Address _____ Suite/Room/Building # _____

City _____ State California ZIP Code _____

Phone Number _____ Ext. _____ Fax # _____

California Tax ID _____ Employer Account Number _____

Email Address _____

Job Site If Different Then Above _____

JOB LISTING INFORMATION

Job Title _____ Number of Openings _____ Start Date _____

Hourly Wage _____ Hours Per Week _____ F/T P/T O/T

Shift Day Swing Grave Education Level Not Required HS/GED College

HOW TO APPLY

MCWAC Contact Person _____ Phone Number _____

**Referral
instructions**

**JOB DUTIES
&
RELATED SKILLS**