



## BUSINESS SERVICE REQUEST FORM

Please complete this form for each position that you have available.

DATE: \_\_\_\_\_

FEDERAL TAX ID: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(WORKSITE ADDRESS IF DIFFERENT): \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

CONTACT E-MAIL ADDRESS: \_\_\_\_\_

Are you a private employment agency or staffing agency?  YES  NO

JOB DESCRIPTION: **(Please include a copy of the Job Description)**

POSITION TITLE: \_\_\_\_\_

NUMBER OF POSITIONS AVAILABLE: \_\_\_\_\_ TARGET START DATE: \_\_\_\_\_

WEEKLY WORK HOURS: 20-30 hours  30-40 hours  Other

SPECIFIC WORK SCHEDULE: \_\_\_\_\_

SALARY RATE(OR RANGE): \_\_\_\_\_

PERM  TEMP  TEMP-TO-PERM  SEASONAL

PUBLIC TRANSPORTATION ACCESSIBILITY YES  NO

IF SCREENINGS ARE REQUIRED, SELECT ALL THAT APPLY:

CREDIT  DRUG  MVR  BACKGROUND  OTHER \_\_\_\_\_

Please return form to: [fkadkins@dekalbcountyga.gov](mailto:fkadkins@dekalbcountyga.gov) or [rwyatt@dekalbcountyga.gov](mailto:rwyatt@dekalbcountyga.gov)