



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: jmjones@dekalbcountyga.gov or vinicksion@dekalbcountyga.gov