GES 514 Revised 04/10

GUAM EMPLOYMENT SERVICE JOB ORDER

1. Job Order Number (BY GES)

2. Occupation Code-O-NET

3. Occupational Job Title

4. Employer Name

5. Employer Mailing Address (St. or Box. No.) Zip Code

6. Employer Business Address Location

7. Emplyr Name and Title (Employer Hiring Authority)

8. Emplyr Telephone

9. Emplyr Cell

10. Job Order Taker (By GES)

Emplyr Fax

Emplyr E-Mail

Time: (By GES)

11. Interview: Day/Time (By GES)
Monday Through Friday Time:_____

12. Date/Time Closed (By GES)

13. Job Order Date (By GES)

14. Category

15. NCAIS Code

16. Ownership

17. Openings:
a. NUMBER
_____

b. SOURCE
( ) Local
( ) Mandatory (Petitions)
( ) On-Line Website

18. Employment Eligibility
( ) May consider Trades Helper
( ) May consider General Helper
( ) May consider Jobs any Entry Level

19. Number To Refer (By GES)

20. Duration
( ) 1-3 days
( ) 10 days
( ) 30 days
( ) 60 days
( ) 150 days

21. Pay ($/Cents)

22. Pay Unit
( ) Hour
( ) Day
( ) Week
( ) Month
( ) Year
( ) Other
Specify:_____

23. Hours Worked
Per Week: _____
Working Hours:_____
Days: _____
___ Full-Time ___ Part-Time ___ Temporary

24. Number Months Experience
( ) 6 Mos
( ) 1 Year
( ) 2 Years
( ) 3 Years

25. Number Months Education
( ) 12 High School
( ) College
( ) College Foreign
( ) Other

26. Number Basic Eligibility
( ) 18 Years or Older
( ) Other

27. Interviewed By
( ) GES
( ) Employer
( ) Other

28. Special Job Requirements
( ) Police/Court Clearance
( ) Valid Operator's/Chauffeur's License/Type:_____
( ) Business License and EIN Number
( ) Must be able to speak, read, and write English
( ) Oher Services

29. JOB SUMMARY- Enter Remarks and Special Requirements.

30. PHYSICAL DEMANDS
[ ] Standing [ ] Lifting ( ) Exerting 20-50 lbs. ( ) Exerting 50-100 lbs. ( ) Exerting 100 lbs. +
[ ] Walking [ ] Carrying
[ ] Sitting [ ] Pushing

31. JOB ORDER ID (Website)

32. VERIFICATION
_____Referrals
_____Placements
_____Openings
_____Other

33. JOB ORDER STATUS
_____Job Developed
_____ Federal Project
_____Gov-Guam Project
_____Local

34. REASON
Type of Certification
_____Importation
_____Extension
_____Perm
_____Local

35. EMPLOYER'S CONTACT REPRESENTATIVE OR ATTORNEY:
Name:_____
Telephone:_____
Cell Telephone:_____
Other Telephone Contact:_____

36. GES REFERENCE NO:

37. TRANSMITTAL DATE TO EMPLOYER

REFERRAL AND PLACEMENT RECORD

Ref. Init	F-Srch Date	Walk In	Referred Date	Applicant Name	S.S. Number	9 Digit Occ. Code	Phone #	Hndc	Vet	FS JOBS	Reg	Result	Verif. Date	Init.	Comments

FILE SEARCH

APPLICANT SUPPLY

HNDC	VET	FS/JOBS/WEL.	REG
A _____	A _____	A _____	A _____
B _____	B _____	B _____	B _____
C _____	C _____	C _____	C _____
D _____	D _____	D _____	D _____
Init: _____	Init: _____	Init: _____	Init: _____
Date:	Date:	Date:	Date: _____
Number of Contacts			
Ph: _____	Ph: _____	Ph: _____	Ph: _____
Mail: _____	Mail: _____	Mail: _____	Mail: _____

A. Applicants qualified, available, able, and willing to work.
B. Applicants qualified, however, not available & willing to work.
C. Applicants who meet minimum basic SKA of the occupation but lack certain requirements specified by employer.
D. Semi-skilled applicants (i.e., trades helper, const. helper, etc..)

FOLLOW-UP CONTACT WITH EMPLOYER

Date	Comment	Initial
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Closing Date **Hired** **Reason**

_____

1	2	5	13	17	18	19
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Employer filled opening	No need at present	Labor dispute	No qualified applicants on file	Openings dev. For specific applicant	Other	Deletion