GES 514 Revised 9/08

JOB ORDER

1. Job Order Number (GES)	2. Occupation Code-O-NET	3. Occupational Job Title

4. Employer's Name		7. Employer Name and Title (Employer Hiring Authority)	
5. Employer's Mailing Address (St. or Box. No.) Zip Code		8. Telephone:	9. Fax:	10. Job Order Taker (GES):
		Cell:	E-Mail:	Time:
6. Business Address Location		11. Interview: Day/Time/By GES: Monday Through Friday Time:_____		

12. Job Order Date	13. Category	14. NCAIS Code	15. Ownership	16. Openings: a. Number	b. Source	17. Date Closed By GES
					1._____ Job Develop 2._____ Mandatory (Petitions) 3._____ Local	

18. Number By GES	19. Duration	20. Pay ($/Cents)	21. Pay Unit	22. Hours Worked:
	1 _____ 1-3 days 2 _____ 4-150 days 3 _____ Over 150 days ( ) FT ( ) PT		1 _____ Hour 4_____ Month 2 _____ Day 5 _____Year 3 _____ Week 6 _____ Other Specify:_____	Per Week: _____ Working Hours:_____ Days: _____

23. Months Experience	24. Education	25. Minimum Age	26. Tested By:	27. Special Job Requirements:
			_____ GES _____ Employer _____ Kind	[ ] Police/Traffic Clearance [ ] Valid Operator's/Chauffeur's License/Type: _____ [ ] Own Vehicle for Business Use [ ] Other

29. JOB SUMMARY- Enter Remarks and Special Requirements.

30. JOB ORDER ID (Website)	31. VERIFICATION:	32. JOB ORDER STATUS	33. REASON	34. EMPLOYER'S REPRESENTATIVE/ATTORNEY:	35. ALPCD REFERENCE NO:
	_____ Referrals _____ Placements _____ Openings _____Standing JO	Yes or No: Federal Project_____ Advertised 3-Days_____ Advertised Prior Ad_____	Type of Certification: Importation _____ Extension _____ Perm _____	Name:_____ Telephone:_____ Cell Telephone:_____	36. TRANSMITTAL DATE TO ALPCD/BY GES

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