



Professional Placement Services

www.ppswork.com

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JOB ORDER FORM

Please complete the form in its entirety; this helps our recruiters fill the position with only the best.

Please choose:

CONTRACT

CONTRACT-TO-HIRE

DIRECT PLACEMENT

COMPANY INFORMATION

Company Name		Contact/Hiring Authority		Title	
Business Phone	Fax Phone	Cell Phone	Alt. Contact	Alt. Phone	
Address		Website		How long in Business?	
City		State	Zip	E-mail	
Do you have any Pre-Employment Requirement(s)?	criminal drug test	BMV references	employment credit other:	other: other:	
Notes:					

POSITION INFORMATION AND QUALIFICATIONS

Position Title:	
Salary or hourly wage: \$	Explain:
Would they receive a raise after the contract period? <input type="checkbox"/> Yes <input type="checkbox"/> No	When are you available to interview?
If Yes, Approx wage? \$	Start/Need Employee By This Date?
Number of Employees Requested:	
Reason for Need <input type="checkbox"/> Expansion <input type="checkbox"/> Replacement Other:	Work Schedule 1ST 2ND 3RD Other: Full Time Over Time:
Hiring Process:	Hours:
Interviews With:	Days of Week:
Final Decision Maker:	
Education requirements? <input type="checkbox"/> High School Grad <input type="checkbox"/> GED <input type="checkbox"/> College <input type="checkbox"/> Commercial <input type="checkbox"/> Other:	

Written Position Description :

Requirements:

Preferences:

Industry/Company Description:

Comparable Companies:

What equipment/tools is required that the employee have? (Examples: Tools, Safety equipment, goggles, etc...)

What equipment/tools does the company provide?

Lifting: Up to Pounds Notes:

Dress Code:

Benefits (please select all that apply) Benefits Begin:		
<input type="checkbox"/> 401K	<input type="checkbox"/> Child Care	<input type="checkbox"/> Dental Insurance
<input type="checkbox"/> Education Assistance	<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Vision Insurance
<input type="checkbox"/> Paid Holidays	<input type="checkbox"/> Retirement Plan other than 401K	No Benefits
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Vacation time	
Date: / /		
Consultant:		
Date: / /		
Customer Authorization:		
Date: / /		
PPS Authorizing Manager:		

Thank you for doing business with us... your business is appreciated!