



JOB ORDER FORM

THE RIGHT MACHINIST. • RIGHT NOW. • RIGHT FOR YOUR SHOP.



COMPANY INFORMATION

COMPANY NAME: _____ DATE: _____
ADDRESS: _____ CITY / STATE / ZIP: _____
TELEPHONE: _____ EXT. _____ E-MAIL: _____
COMPANY CONTACT: _____ TITLE: _____



POSITION DETAILS

NEW EMPLOYEE JOB TITLE: _____ SHIFT: ☐ 1 ☐ 2 ☐ 3
HOURLY PAY RANGE: FROM \$ _____ TO \$ _____ HOURS/WEEK: MIN. _____ MAX. _____
WORKING HOURS: FROM _____ AM / PM TO _____ AM / PM WEEKENDS: ☐ YES ☐ NO ☐ OCCASIONALLY
TYPE OF PRODUCT: ☐ OIL FIELD ☐ AEROSPACE ☐ INSTRUMENT ☐ OTHER OWN PRODUCT? ☐ YES ☐ NO ☐ JOB SHOP

JOB DESCRIPTION



EQUIPMENT / MACHINE REQUIREMENTS

EQUIPMENT: _____



THREADING REQUIREMENTS

THREADING REQUIREMENTS: _____



ADDITIONAL RECRUITING NOTES



DIRECT HIRE
EMPLOYEE ON YOUR
PAYROLL FROM DAY 1



YOUR BENEFITS
EMPLOYEE RECEIVES YOUR
BENEFITS PACKAGE



ONE SET FEE
DUE ON EMPLOYEE'S
START DATE



NO MARKUPS
NO SLIDING SCALES OR
MARK-UPS ON WAGES



60-DAY GUARANTEE
GUARANTEED PLACEMENTS
FOR PEACE OF MIND



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