## **JOB POSTING**

EMPLOYER NAME					
FULL ADDRESS (Street, City, & ZIP)					
JOB TITLE		WORKSITE ZIP CODE			
POSTING ACTIVE DATE		POSTING EXPIRATION DATE (Open positions are automatically active for 30 days unless stated otherwise)			
DESIRED SKILLS/DUTIES					
LICENSES/CERTIFICATION	NC	SALARY/WAGE		EDUCATION LEVEL	
		SALAR 1/WAGE		EDUCATION LEVEL	
WORK DAYS					
SUN MOI WORK SHIFTS	N TUES	WED	THURS F	FRI SAT	
1ST	2ND	3RD	ROTATING	SPLIT	
EMPLOYMENT TYPE FULL-TIME	PART-TIME	PERMANENT	TEMPORARY	CONTRACT	
CONTACT NAME			CONTACT EMA		
PREFERRED METHOD OF DIRECT CONTACT					
CALLS WANTED		APPLY ONLINE APPLY IN PERSON AT		APPLY IN PERSON AT	
EMAIL RESUME TO		FAX RESUME TO		MAIL RESUME TO	

**SEND FORM TO:** 

Email: <a href="mailto:vmannon@ocic.biz">vmannon@ocic.biz</a> Fax: 419-898-1749