



Job Placement Services
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Employer Job Order Form

Employer Name: _____

Contact Person: _____

Employer Address, City, Zip Code: _____

Employer Phone Number: _____ Contact Phone Number: _____

Fax Number: _____ Email: _____

Open Position Title: _____

Salary: _____ per hour week month year Benefits? yes no

Comments regarding salary/benefits: _____

Job location: _____

Part-Time or Full-Time: _____ Permanent or Temporary: _____

Days and Hours: Mon Tues Wed Thurs Fri Sat Sun

Comments regarding days/hours: _____

How should applicants apply? _____

Mail Fax Email Resume Cover Letter Call In-Person Online

How soon does job begin? _____

Qualifications: _____

(include licenses/certificates, dress code/grooming, or tools that may be required.)

Description of duties: _____
