



Post Office Box 309, Boonville, NC 27011
 533 N Carolina Avenue Highway 601 N
 Telephone (336) 367-7251 – Fax (336) 367-3637
 Tax I.D. **56-0851147**

Serving Davie, Stokes, Surry, and Yadkin Counties

| | | | |
|-----------------------|---|---|---|
| To: | <input type="checkbox"/> Interested Persons | | |
| | <input type="checkbox"/> N.C. Employment Security Commission Fax: (336) 679-7350 How would you like the Employment Service to contact you? <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email _____ | | |
| | Number of Positions: _____ Number of Referrals Desired: _____ Minimum Age: _____ Keep Job Order Open Until: _____ <i>(cannot exceed 30 days without notifying ES office staff)</i> | | |
| | <input type="checkbox"/> Unsuppressed-Contact information is available to potential job seekers and <u>anyone else with access to the internet</u> . Does not require staff intervention. | <input type="checkbox"/> Partially Suppressed-Contact information is available to qualified job seekers. Will require some staff intervention. | <input type="checkbox"/> Suppressed-Contact information is available to qualified job seekers after staff has contacted employer and received permission to refer. Will require staff intervention for <u>each</u> referral. |
| | <input type="checkbox"/> Federal Contractor <input type="checkbox"/> Under affirmative action compliance | | |
| From: | | | |
| Date: | | | |
| Regarding: | JOB VACANCY | | |
| Position Title: | | | |
| Job Location/Address: | | | |
| Work Schedule: | <input type="checkbox"/> Full-time Hours per week: _____ <input type="checkbox"/> Part-time Hours per week: _____ <input type="checkbox"/> Seasonal Duration: _____ <input type="checkbox"/> Temporary Duration: _____ <input type="checkbox"/> Other _____ | | |
| Wage/Salary Range: | <input type="checkbox"/> Show Salary Information to Jobseeker | | |
| Starting Date: | | | |

Job Summary - The most important Task/Skills performed in the position

Education Requirements:

- High School Diploma/GED
- Certificate/Certification _____
- College Degree _____
- Experience _____
- Other

| | |
|----------------------------|---|
| Driver's License Required: | <input type="checkbox"/> Yes <input type="checkbox"/> No CDL: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C |
| Languages Preferred: | <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Bi-lingual |
| Requirements | <input type="checkbox"/> Drug Test Required <input type="checkbox"/> Background Check Required |
| Benefits | <input type="checkbox"/> Pension Plan <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Paid Vacation/Sick <input type="checkbox"/> Education Assistance |
| For Questions Contact: | |
| Apply | Mail resume/application to: 113 Maple Street Boonville, NC 27011 Fax resume/application to: (336) 367-3553 Apply Within:: YVEDDI Migrant Head Start 113 Maple Street Boonville, NC 27011 |

Employment applications available at www.yveddi.com