



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:			

EQUAL OPPORTUNITY EMPLOYER AND SERVICE PROVIDER

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: P.O. Box 309 Boonville, NC 27011 Fax resume/application to: (336) 367-3637 Apply Within:: District Administrative Office 533 N. Carolina Ave Hwy. 601 N. Boonville, NC 27011

Employment applications available at www.yveddi.com