



Employer – Job Order Fax Form



Please complete ALL fields in SECTIONS 1 - 3 for ALL job orders. If job order is being placed in connection with a future application for H-2A or H-2B workers, then also complete SECTION 4.
FAX Job Order Form to (340) 714-4494 for St. Thomas/St. John Orders, or by email bwheatley@vidolgov and (340) 773-1515 for St. Croix Orders, or by email jcanton@vidol.gov.

SECTION 1 - GENERAL INFORMATION				
Company Name (DBA Name)		Is job order being placed in connection with a future application for H-2A or H-2B workers?		
Federal Identification Number:	VIESA Identification Number:		<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", indicate type of Visa Classification:	
Legal Business Name (If applicable)		<input type="checkbox"/> H-2A <input type="checkbox"/> H-2B		
Address		Is job order being placed in connection with a 30-day PERM position?		
City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title				
Job Location – Address, City, State, Zip (If same, leave blank)				
Contact Person		Title	Phone	Ext.
Fax	Alternate Phone	Ext.	E-Mail Address	
How would you like the job seeker to apply for this position?				
<input type="checkbox"/> E-Mail _____ <input type="checkbox"/> Apply Online/URL _____ <input type="checkbox"/> Phone _____ <input type="checkbox"/> Fax _____ <input type="checkbox"/> In Person <input type="checkbox"/> By Mail				
SECTION 2 - ADDITIONAL INFORMATION				
Number of Openings _____	Shift <input type="checkbox"/> First (Day) <input type="checkbox"/> Second (Evening) <input type="checkbox"/> Third (Night) <input type="checkbox"/> Rotating <input type="checkbox"/> Split <input type="checkbox"/> Varies	Education Required <input type="checkbox"/> Less than High School <input type="checkbox"/> High School Diploma / GED <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Vocational Degree <input type="checkbox"/> Specialized Degree _____	Rate of Pay Minimum \$ _____ Maximum \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
Duration <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Work Days <input type="checkbox"/> Monday through Friday <input type="checkbox"/> Days Vary <hr/> <input type="checkbox"/> Weekends Required	Experience Required Years _____ Months _____ Hourly Work Schedule _____AM to _____PM OR _____AM to _____PM		
Hours Per Week Basic _____ Overtime _____ (If applicable)				
Required License, Certificate or Registration				

SECTION 2 - ADDITIONAL INFORMATION (Cont.)

Company Benefits <input type="checkbox"/> Health Insurance <input type="checkbox"/> Dental Insurance <input type="checkbox"/> Vacation <input type="checkbox"/> Sick Leave <input type="checkbox"/> Holidays <input type="checkbox"/> Retirement/Pension Plan <input type="checkbox"/> Clothing Allowance <input type="checkbox"/> Child Care	Is this job accessible by public transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No Is location handicapped accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Drug Testing / Screening <input type="checkbox"/> Yes <input type="checkbox"/> No Criminal Background Check <input type="checkbox"/> Yes <input type="checkbox"/> No Minimum Age _____	Is a Driver's License required for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete the following: Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Endorsements: <input type="checkbox"/> Tank Vehicle <input type="checkbox"/> Double and Triple Trailers <input type="checkbox"/> Pass Transport <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> School Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Air Brakes <input type="checkbox"/> Tank Vehicles & Hazardous Materials
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SECTION 3 - JOB DESCRIPTION

Include **Job Duties** to be performed: Skills/Language/Math Requirements; Software/Hardware Skills; Equipment Used; Other Languages Employers can accommodate; Specific Physical/Unusual Working Conditions; and any other Special Job Requirements.

Form Completed By (If same as Contact Person in Section 1 – Leave Blank)

Name	Phone	Ext.
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SECTION 4 - Complete if placing job order in connection with a future application for H-2A or H-2B workers**Temporary Need, Job Offer & Attorney or Agent Information**

SOC (O*NET/OES) Code	SOC (O*NET/OES) Occupation Title		
Is this a full-time position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Period of Intended Employment		Nature of Temporary Need (<i>Choose only one</i>) <input type="checkbox"/> Seasonal <input type="checkbox"/> One-Time Occurrence <input type="checkbox"/> Peakload <input type="checkbox"/> Intermittent
	Begin Date (mm/dd/yyyy) ____/____/____	End Date (mm/dd/yyyy) ____/____/____	
Is training for the job opportunity required? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", specify the number of <u>months</u> of training required ____	
Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", identify geographic place(s) of employment with as much specificity as possible, where work will be performed.		
Will transportation be provided to various worksites? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will on-the-job (OJT) training be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Attorney or Agent Name (<i>If applicable</i>)		Address (Street, City, State, Zip)	
E-Mail Address	Phone	Fax	

Job Order Fax Form – B&ES – Rev. August 2014 (blw)