

# TEMPORARY JOB ORDER FORM

Client: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Floor: \_\_\_\_\_

Intersection: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

Department: \_\_\_\_\_ Billing Attention: \_\_\_\_\_

**PLEASE ATTACH CANDIDATES REGISTRATION FILE TO THIS FORM**

Report to: \_\_\_\_\_

Start: \_\_\_\_\_ Length of Assignment: \_\_\_\_\_

Hours: \_\_\_\_\_ Overtime: \_\_\_\_\_

Holiday Replacement:    Yes    No                      Possible Full-time            Yes    No

Contract:                      Yes    No                      Temp. to Perm.                Yes    No

Job Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Software Used: \_\_\_\_\_

Reception:    Small    Medium    Busy                      Other: \_\_\_\_\_