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**Job Board Posting Form**

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| 1. **If you have not already done so, please complete and submit the initial Employer Registration Form.**   *The Registration form will only need to be completed once and may be submitted along with your first job posting; you will then be able to post as many jobs as you like that meet the* ***General Requirements****.*   1. **Complete a Job Board Posting Form for each unique job title/position that you are requesting to post, and submit your form(s) to Mary Yapejian:** [**YapejianMary@countyofkane.org**](mailto:YapejianMary@countyofkane.org)   *Please feel free to attach a job description that your company may already have in place; however, you will still be required to complete and submit any of the information below that is not included in your job description document.* |

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| **Job Title** |  | | | | | | | | | | | | **# of Openings** | |  |
| **Company Name** |  | | | | | | | | **Industry/Nature**  **of Business** | | | |  | | |
| **Worksite Address** |  | | | | | | | | **County** | | | | Kane  Kendall  DeKalb | | |
| **Job Type** | Full-Time, Regular  Other- P*lease Specify*: | | | | | | | | **# of Hours Per Week** | | | |  | | |
| **Required Schedule/**  **Shift** | Monday  Tuesday  Wednesday | Thursday  Friday  Saturday | | | Sunday  Rotating | | | | Day/1st Shift  Rotating  Evening/2nd Shift  Split  Night/3rd Shift | | | | | | |
| **Salary Rate/Range** |  | | | **Benefits** | | Medical  Dental  Vision | | | | 401K  Profit Sharing  Pension | | Vacation  Holiday Pay  Other: | | No Benefits | |
| **Job Description/ Duties and Responsibilities** |  | | | | | | | | | | | | | | |
| **Required Education Level** | No educational requirement  High School Diploma or GED  Some College | | Associate Degree  Bachelor’s Degree  Master’s Degree | | | | | Vocational Certificate or Credential  Occupational License, including Driver’s License Requirement(s) *(please explain):* | | | | | | | |
| **Other Job Requirements/ Qualifications** |  | | | | | | | | | | | | | | |
| **Pre-Employment Requirements** | Background Check  Physical Exam  Other- *Please Specify*:  Drug Screening  Tools/Equipment/Uniforms | | | | | | | | | | | | | | |
| **How to Apply** |  | | | | | | | | | | | | | | |
| **Desired Post Date** *(Postings stay active for 30 days)* |  | | | | | | **Additional Notes/Special Instructions:** | | | |  | | | | |