



Pasadena Enterprise Zone Job Order Form

INSTRUCTIONS TO EMPLOYERS:

Please complete and fax to the Pasadena Enterprise Zone office at (626) 744-7042

Part I Business Information

Business Name _____ Industry Type _____
(Manufacturing, Distribution, Retail, etc.)

Address _____ City _____ Zip Code _____

Contact Person _____ Title _____

Phone # _____ Fax # _____

State Tax I.D. # _____ Federal Tax I.D. # _____

Part II Job Information

Position Title _____ # of Openings _____ Start Date _____

Salary Range \$ _____ /hour Full time _____ or Part time _____

Hours from: _____ to _____ Total hours per week _____

Check work day: Mon Tue Wed Thur Fri Sat Sun

Benefits: Medical Dental Vacation

Other, please indicate: _____

Part III Job Duties and Experience

Please list a minimum of three main duties: _____

Will lifting be required? Yes No Up to how many pounds? _____

Is a trainee okay? Yes No

If not, how many months or years experience? Minimum of _____ mos. or yrs. experience. (Check one)

Please list any special knowledge, abilities, education or other requirements: _____

Part IV Applicant Information

How should applicants respond? Apply directly Call for appointment Fax/mail resume

For assistance with filling out this form or for general Enterprise Zone Information, please call (626) 744-7347.

EZ OFFICE USE ONLY	
Date received:	Broadcast Date: