

STAFFING ONE JOB ORDER FORM

CONTACT INFORMATION

REQUESTOR _____
ADDRESS _____
TELEPHONE NUMBER _____
EMAIL ADDRESS _____

BILLING INFORMATION

COMPANY NAME/DEPT. _____
BILLING ATTENTION _____
INVOICE ADDRESS _____
ADDITIONAL INSTRUCTIONS _____

****PCARD AUTHORIZATION REQUIRES SEPARATE FORM****

ASSIGNMENT DESCRIPTION

PLEASE COMPLETE ALL AREAS BELOW

JOB POSITION: _____

REPORTS TO: _____

START DATE: _____

END DATE: _____

WORK HOURS: _____

DRESS CODE: _____

LUNCH HOURS: _____

PARKING INFO.: _____

ADDITIONAL INFO.: _____

REQUIRED SKILLS

Microsoft Word

Microsoft Excel

Microsoft PowerPoint

Typing Speed - WPM _____

Data Entry - KPH _____

Telephone Lines _____

OTHER (Describe) _____

NOTES: _____

STAFFING ONE USE ONLY

RECEIVED BY/ DATE&TIME: _____

ORDER CONFIRMED BY/ DATE&TIME: _____

ORDER FILLED BY/ DATE&TIME: _____

COMMENTS: _____