



WORKFORCE SOLUTIONS of the Coastal Bend



Employer Job Posting Form

Date: _____ Taken By: _____
WIT Office Number: _____ WIT Employer ID: _____

Employer Name: _____ Tax Identification (Number under which wages paid): _____
Number of Employees (If tax identification is not available): _____

Physical Address (City, State, and Zip): _____

Phone: _____ Fax: _____ Email: _____

Job Site Address (City, State, and Zip): _____

Contact Person & Title: _____

Job Title: _____ Pay: _____ Number of Openings: _____

Number of Contacts/Referrals: _____ Work Week: F/T: _____ P/T: _____

Duration: Regular Temp or Temp-To-Hire Short-Term Temp (1-3 days)

Days/Hours: _____ Shift: _____

Benefits: Vacation Sick Leave Holiday
 Medical/Dental: Retirement: Other: _____

How to Apply: _____ Service Level (Circle One): 1 2 3

Minimum Education: _____ Minimum Age Requirement (If applicable): _____

Driver License Required: Y N License/Certification: _____ Minimum Experience: _____

Job Duties/What is a typical day like? _____

Require a Criminal Background Check: Y N

Criminal Background a Disqualifying Factor: Y N If yes, please explain: _____

Drug Screens Conducted: Y N If yes, check all that apply: Pre-Employment Post-Employment

For Further Assistance Contact Business Services @ 361.882.7491/888.860.5627 / Fax: 361.985.0281

www.workforcesolutionscb.org ▪ info@workforcesolutionscb.org

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

Relay Texas: 1-800-735-2989 (TDD) and 1-800-735-2988 (Voice).