**Agency name, address, phone number**

RelyAble Source Workforce Solutions

 Job Order

Method of delivery: □ U.S. Mail to home address □ In-person □ Electronically to:

Date delivered:

|  |  |
| --- | --- |
| **Name of Business** | **Business address** |
|  |  |
| **Business phone number** | **Company email address** | **Number of hires** | **Start date** |
|  |  |  |  |
| **Job tile** | **Remote/Hybrid/On Site** | **Number of hires needed?** |
|  |  |  |
| **Name of contact**  | **Contact phone number** | **Contact email address** | **Company website** |
|  |  |  |  |
| **Description and nature of assignment** | **Will training be provided for particular job tasks required by the job.****If so, provide details** |
|  | □ No □ Yes, Specify: |
|  |
| **Start date of the work, assignment, or engagement** | **Expected duration of the work, assignment, or engagement** | **Start time** | **Anticipated End time** | **Anticipated overtime** |
|  |  |  |  |  |
|  | **Description** | **Total fee/charge amount** | **Paid** | **Receipt provided** |
| Special attire, accessories, tools, protective equipment safety equipment |  |  |  |  |
| Meals provided by agency or worksite employer |  |  |  |  |
| Transportation provided by agency or worksite employer |  |  |  |  |
| Other (Specify) |  |  |  |  |
|  |
| **Rate of compensation or wages to be paid** | **Designated pay day** | **Employers are required by law to provide workers’ compensation (WC) insurance coverage for all their employees. List WC carrier name, address, & phone number below** |
| $ |  |
|  |