

RelyAble Source Workforce Solutions

Greensboro, NC 27409 (617) 388-4976

Job Order

Name of Business				Business address					
Business phone number			Company ema	ail address	# of Hires Needed		Start date		
							_		
Job Title			Remote/Hybrid/On Site		Site	Location		Location	
Name of contact		Coi	ntact phone number	Contact email add	Contact email address		Company website		
							WCDSitt	<u>-</u>	
Descrip		d	o of accionment	Will training be provided for job tasks required by the job?					
Descrip	otion an	a natui	e of assignment	If so, provide					
				□ No □ Yes, Specify:					
			ted duration of the	Start	Start		ed	Anticipated	
work, assignment, or engagement		iow	k, assignment, or engagement	time		End time		overtime	
			Description						
Special attire, accessories, tools,									
protective equipment equipment	sarety								
Meals provided by agency or worksite									
employer									
Transportation provided by agency or									
worksite employer									
Other (Specify)									
Rate of Designated compensation or pay day Employers are required by law to provide workers' compensation or coverage for all their employees. List WC carrier name, addre									
wages to be paid	pa	coverage for all their employees. List WC carrier name, address, & phone number below							
	N/A								