

EmployDisabled.com Job Posting

Print this form fill out and fax to: (516) 505-3216. Please use a separate form for each job title.

| | | |
|-----------------|--------|------|
| Date: | | |
| Company Name: | | |
| Address: | | |
| City: | State: | ZIP: |
| Contact: | | |
| | | |
| E-mail Address: | | |
| Phone #: | Fax: | |

| Job Information | | |
|---|-------------------------|----|
| Job Title: | | |
| Duties: | | |
| Salary: | Health Benefits: Yes No | |
| <input type="checkbox"/> Part-time <input type="checkbox"/> Per Diem <input type="checkbox"/> Temp. <input type="checkbox"/> Regular | | |
| Hours/Shifts: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends | | |
| Physical Requirements: | | |
| Qualifications: | | |
| Degree or Certificate (if required) | | |
| Are you willing to accept a trainee with a coach at no cost to you? | Yes | No |
| Comments: | | |

Copy your regular job posting here: