iYES Job Order Intake Form

Account #:	
Job #:	

Please complete computerized form and fax to (949) 552-2830 or email as an attachment to iyes@ci.irvine.ca.us

COMPANY INFORMATION

Company Name:						
Contact Person:		Title:				
Employer Status	: New Emplo	oyer Reopen	pen Position			
CA Tax ID #:						
Address:		Cross Street:				
City:		State:	Zip:			
Phone #:		Fax #:				
Email:		Website:				
	Posit	ION INFORMATION				
Position:	# of employees needed:					
Status:	Internship Part-time Full-time Volunteer	Permanent Temporary Seasonal Summer only	Other			
Salary:						
Hours per week:	10-15 10-20 20-25 20-30 30+	Part-time Full-time AM and PM AM only PM only	Flexible Negotiable Other			
Minimum age:	W	Work days:				
Dress attire:	Casual Rusiness casu	Professiona	l Other			

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Job Description: Remain the	same				
Job Requirements: Remain the same					
Referral Instruction	ons:	Applicant to Counselor to Fax applicat Fax/email re Send direct	call first ion	Other	
When:	Anytime Business hrs	5	9am-5pm 2pm-4pm	Other	
Office Use Only					
Close Date:					
Job Counselor:					
Date Processed:					