



M-DCPS Job Order Form
School Operations
Division of Workforce Development Education
Phone (305) 548-4044 Fax (305) 545-3052

THE MORE DETAILS YOU PROVIDE, THE BETTER QUALIFIED THE APPLICANTS

Position Available (one position per form) _____ No. of Openings _____

Business Name _____ & Type _____

Address _____ City _____ State _____ Zip _____

Job Site Location _____ City _____ State _____ Zip _____

Contact Person (First/Last Name) _____ Title _____

Telephone No. () _____ - _____ Ext: _____ Fax No. () _____ - _____

Driver's License Required () None () E-Regular Operator () D-Single vehicle 5-12 tons CDL () A () B () C

Salary: \$ _____ to \$ _____ per: () Hr. () Day () Wk. () Mon. () Yr () Comm. _____ %

Experience Required () No () Will Train or () Yes-How Much? _____ () Month(s) () Yr. (s)

Education Required () None () HS./GED Diploma () Associates () Bachelors () Masters () Ph.D.

Duration () Permanent or () Temp. How Long? _____ () Full time or () Part Time

Hours Per Week : _____ (Shift) Days & Hours _____ () Flexible

Language (s) Required () English () Spanish () Creole () Other _____

Extent? () Communicate () Understand oral and/or written instructions () Speak, read, & write

Certification/License Required _____ Typing (WPM) _____

Describe Job Duties (Knowledge, Skills, & Abilities Needed) _____

Deadline to apply: () NO if () When? _____ How should applicants contact you?

() Phone for appointment () Phone Interview () Apply in person "Days & Hours" _____

() Send Resume to _____

Fringe benefits () No if () Yes What? _____

PLEASE CALL WHEN YOU HAVE FILLED THIS POSITION.