El Camino College

EMPLOYER ORDER FORM

Fax #: (310) 808-1112  Phone #: (310) 660-3484  E-mail: eccsjpc@elcamino.edu

☐ I am a new employer
☐ I am a returning employer

Date _______________________

Company name * __________________________________________

Type of business ____________________________________________ Website _______________________

Address * __________________________________________________

City * __________________________________________ Zip* ____________

Location of job (if different from address above) _______________________

Contact person * ___________________________________________ E-mail _______________________

Phone # * ______________________ Fax # _______________________

Job title: ____________________________________________________

Number of positions available: ________________________________

This position is ☐ Full-Time  ☐ Part-Time  ☐ Both  ☐ Temporary  If temporary, how long? ________________

Please specify the days that employees will be required to work: *
☐ Monday  ☐ Tuesday  ☐ Wednesday  ☐ Thursday  ☐ Friday  ☐ Saturday  ☐ Sunday

Please specify the hours that employees will be required to work: *
Give exact hours or if flexible, give range (for ex: 4 hours between 9 a.m. - 5 p.m.)

Please specify the starting salary or range: *  $

Employers must guarantee a salary of at least minimum wage.

How should the student apply? *
☐ Call  ☐ In Person  ☐ Fax Resume  ☐ Mail Resume  ☐ E-mail _______________________

☐ Online _______________________

Qualifications, Experience, & Skills Required:

Please do not attach a job announcement in lieu of a written description.

__________________________________________________________

☐ Job announcements will be posted for one month.

Please call or submit new Employer Order form if you would like to extend for another month. ☥

EOE/AA