

Method of Delivery:	Indicate how the agency provided the job order to the worker or applicant; if sent electronically, indicate the fax number, phone number, or e-mail address to which it was sent (check all that apply)
Name of job applicant/worker:	The full name of the applicant or worker to whom the job order was provided
Home Address, City, State, Zip Code :	The home address on record for the applicant/worker previously indicated
Job Applicant/Worker Phone Number...	The phone number on record for the applicant/worker previously indicated
Job Applicant/Worker Email Address:	The email address on record for the applicant/worker previously indicated
Job Order Number:	The agency's internal job order number used for tracking which is specific to the subject engagement/assignment
Date of Assignment:	The date that the information contained within the job order was given to the applicant/worker; the date that the staffing agency informed the worker of the assignment
Worksite Company Name:	The name of the client or worksite employer for whom the indicated applicant/worker will be working
Worksite Company Mailing Address:	The mailing address of the client or worksite employer for whom the indicated applicant/worker will be working
Is the worksite on strike or lockout?	Indicate whether the worksite location is on strike or lockout.
Name of contact person at worksite:	The name of the person to whom the applicant/worker will report for duty

Worksite address:	The physical address of the worksite where the job applicant/worker is to report/performance work for the assignment
Description and nature of assignment:	Provide a brief description of the primary responsibilities that the applicant/worker will be performing during the assignment
Special attire, accessories, tools...	If yes, specify all special attire, accessories, tools, equipment, training or licenses that are required in order for the worker to perform the assignment duties
Special training will be provided...	If yes, list all training that will be provided to the applicant/worker by either the staffing agency or the worksite employer that is required in order for the applicant/worker to fulfill the assignment duties.
Transportation to worksite is offered...	If yes, describe any transportation that will be required or offered to the applicant/workers arranged by the staffing agency or worksite employer and the details or any such transportation
Start date	The date that the assignment will begin
Expected duration of assignment	Estimate the duration of the assignment, if known.
Daily start time:	The time of day that the worker will be required to report to the worksite each day.
Anticipated end time:	The anticipated time of day that the applicant/worker can expect to be released from duty.
Anticipated overtime:	The amount of overtime if any, that may be required of the applicant/worker.

Meals provided by the agency or worksite... If yes, describe any meals which will be provided to the worker by either the work site employer or the staffing agency

Fees/Charges: In the boxes below, please indicate information about any fees charged to the applicant/worker

Description: Provide a description of the attire, tools, safety equipment or accessories which will be provided to the applicant/worker and the applicable fee or charge, that the applicant/worker will be charged for each individual item.

Total fee/charge amount: Indicate the total amount of each fee or charge, that was/will be charged to the applicant/worker

Paid Indicate whether the fee or charge was paid by the applicant/worker

Receipt provided Indicate whether a receipt was provided by the staffing agency to any applicant/worker who paid a fee or charge

Rate of compensation or wages... The hourly rate which the applicant/worker will be paid, and, if applicable, the overtime rate to be paid

Employers are required by List the name, address, and telephone number of the insurance company that carries your workers' compensation insurance