# JOB ORDER FORM

Date_____ Job Order #_____

EMPLOYER NAME:_____

**EMPLOYER CONTACT INFORMATION**

Contact Name: _____

Title:_____ Department:_____

Employer Industry:_____ Web Address:_____

Address 1:_____ Address 2: _____

City:_____ State_____ Zip/Postal Code:_____

Email:_____ Phone:_____ Ext:_____ Fax:_____

**JOB DETAILS**

Job Title:_____

Job Description:

Employment Type: ■ Full-time ■ Part-time ■ Internship ■ Co-op

Job Location:_____
(City) (State)

Period of Employment:_____

Application Requirements:_____

Application Method: _____

_____

Compensation Details – Salary / Other Benefits:

Special Requirements / Qualifications:_____

_____

Work Schedule: _____

***CAREER PLACEMENT SERVICES (575) 527-7538 / 527-7536***
***FAX (575) 527-7515***
***daccplac@nmsu.edu***