

**Permanent Medical  
Job Order**



**3691 Old Yorktown Road Shrub Oak, NY 10588 914-245-3200 Fax 914-245-3888**

Date: \_\_\_\_\_

Client/Group Name: \_\_\_\_\_

Employer Name and Contact Person: \_\_\_\_\_ Home#: \_\_\_\_\_

Specialty: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Suite

City

State

Zip

Worksite/ Corporate Address: \_\_\_\_\_

Suite

City

State

Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Alternate #: \_\_\_\_\_ Fax: \_\_\_\_\_

Position Needed: \_\_\_\_\_ Salary Range: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Website: \_\_\_\_\_

Job Description:

Benefit Package: \_\_\_\_\_ Medical Plan: \_\_\_\_\_ Pension Plan: \_\_\_\_\_

Sick Days: \_\_\_\_\_ Vacation Time: \_\_\_\_\_ Personal Days: \_\_\_\_\_

Paid Holidays: \_\_\_\_\_ Uniform Allowance: \_\_\_\_\_

Experience Required? Yes\_\_\_\_ No\_\_\_\_ If so, how many years? \_\_\_\_\_

**Days and Hours Required: Please Circle**

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Hours: \_\_\_\_\_

Start Date for Position: \_\_\_\_\_

Does your office comply with OSHA Regulations? \_\_\_\_\_

Please describe office setting, staff size, and any additional comments: \_\_\_\_\_

**Please attach directions and parking instructions to registration form.**

★ Signature of Employer: \_\_\_\_\_