



THIS BOX FOR TERO USE ONLY

CP#: _____ - _____ CP Received: Time _____ Date: _____ Received By: _____
 Date JOB Completed: _____ Work Permit Requested By: _____ WP# _____ Approved By: _____

Employer: _____ Contact Person: _____

Phone: _____ Mobile Phone: _____ Fax: _____

Email: _____ Address: _____

Physical Location of Job: _____

Job Title: _____ No. of Positions: _____ Rate of Pay _____ + _____ = \$ _____
Rate Fringe Total Wage

Date Needed: _____ Hours: _____ Job is? Full Time Part Time Permanent Temporary

Job will last? 1-5 days 1-2 weeks 30-45 days Over 150 days M-F Weekends Shift/Swing

Driver's License Required? Yes No Preferably CDL? A B C D MVR Required? Yes No

Certification Required: Haz-Mat or Haz-Wopper CPR/First Ai Flagger Certification Food Handle EMT or CAN
ALL WORKERS ON THE PROJECT MUST HAVE A MINIMUM OF AN OSHA 10

Other, identify: _____

Working Conditions/Physical Demands: _____

Report Date: _____ Time: _____ AM PM Report to: _____ Ph#: _____

Special Instructions: _____

Work Clothing Required: _____

PERSONAL PROTECTIVE EQUIPMENT (PPE) WILL BE PROVIDED BY THE CONTRACTOR

Alcohol/Drug Test Required? Yes No Physical Required? Yes No Testing Center/Lab: _____

REFERRALS/CONTACT INFORMATION

	Name	Phone #'s	Hired	Comment
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Initial