

SUBMIT A JOB OPENING

All fields are required

JOB DETAILS

Organization:

Job Title

OTC®

OT-SC™

Job Description:

HOW CAN INTERESTED APPLICANTS CONTACT YOU FOR THIS POSITION?

Contact Name:

Address:

City:

State:

Zip:

Telephone Number:

Fax Number:

Email Address:

Code (If required):

SUBMITTED BY (Who should the NBCOT contact with any questions):

Name:

Telephone Number:

Email Address:

SUBMIT EMPLOYMENT POSITION – PAYMENT PAGE

Position will remain on the NBCOT Website for ninety (90) Calendar Days.

Fee for submitting employment position: \$100.00

NO REFUNDS will be issued for requests received after the position is posted on the NBCOT Website. All cancellation requests must be submitted in writing to the nbcot_office@nbcot.net

WE DO NOT ACCEPT PERSONAL CHECKS – ALL FEES MUST BE PAID IN US CURRENCY

Charge \$100.00 to U.S. Bank Issued: Visa MasterCard

*Card Number: _____ - _____ - _____ - _____

*Exp. Date: _____ * Last 3 CID digits from back of your card: _____

*Print Name Exactly as it is on card: _____

***Authorized Cardholder Signature: (MUST BE PHYSICALLY SIGNED)**

*Cardholder Billing Address: _____

*Zip Code _____

*Cardholders Phone #: _____