

Industrial Job Order Form

Date Of Order		Order taken by		Called In By			Length of Assignment																		
Company Name				Phone Number ext.		E-mail Address																			
Worksite Address (where employees will be reporting to & performing their work duties):							Report To Department																		
Start Date		Pay Rate		Report to Supervisor / Title			Supervisor Phone Number / ext.																		
Num Of Emps	Job Title / Classification For Employee's			Shift	Work Hours: Mon - Fri		Select Below if Schedule is Different		Overtime Required	Weekends Required															
					M T W Th F Sa Su																				
Language Spoken & Understood: (Select Below)					Requires: (Select Below or Leave Blank if None)																				
English Fluent English Moderate Spanish Other: _____					E-verify Background Drug Screen None																				
Safety Meetings Conducted:		Walk on Uneven Ground:		Work heights greater than 3 feet: (Select below or leave blank if none)		Exposed to: (Select below or leave blank if none)																			
Yes No		Yes No		Above Level Below Level		Loud Noise Dust Gas Fumes Chemicals																			
Lifting Requirements: (Leave Blank if None) 1 - 25 lbs 26 - 50 lbs Anything 50+ lbs requires Team Lifting				<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Will Drive:</td> <td style="width:33%;">Will Operate:</td> <td style="width:34%;">Required Personal Protective Equipment:</td> </tr> <tr> <td>Cars</td> <td>Equipment</td> <td>Steel Toe Shoes Ear Plugs</td> </tr> <tr> <td>Forklifts</td> <td>Machines</td> <td>Work Shoes Safety Glasses</td> </tr> <tr> <td></td> <td></td> <td>Work Boots Work Gloves</td> </tr> <tr> <td></td> <td></td> <td>Back Belt _____</td> </tr> </table>							Will Drive:	Will Operate:	Required Personal Protective Equipment:	Cars	Equipment	Steel Toe Shoes Ear Plugs	Forklifts	Machines	Work Shoes Safety Glasses			Work Boots Work Gloves			Back Belt _____
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Check Box if Attaching your own Requirements & Description - Skip to Signature

Minimum Requirements & Job Description	

We agree that if the JOB TITLE and/or JOB DESCRIPTION changes (I.e. reclassifying a packer as a Forklift Operator) at any point after the submittal of this request, a modified work order will be forwarded to AGILE STAFFING INC prior to employee's performing a modified description of the original job requirements. We acknowledge that such a reclassification may result in an adjusted hourly billing rate. The signature below indicates our commitment to the specifications, terms and conditions on this form. (Refer to your service agreement for all hiring terms and requirements.)

Print Name / Title:

Signature:

Date:
