



## Section 3 Contractor Intent to Employ

### Section 3 Contractor/Employer Information

Mail or Fax form to:

Monica Smith, Section 3 Coordinator

130 South State Street

Elgin, IL 60123

847-742-3853

### Contractor (Employer) Information

\_\_\_\_\_  
Company Name (the "Contractor") Contact Person

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Telephone Number Fax Number E-mail Address

### Job Information

Job Title: \_\_\_\_\_ Number of Openings: \_\_\_\_\_

Job Duration: (check all that apply)

\_\_\_ Full-time \_\_\_ Part-time \_\_\_ 150 days \_\_\_ Over 150

Shift: \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ Rotating \_\_\_ Split

Work Days: \_\_\_ Sun \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat

Work Hours: From \_\_\_\_\_ to \_\_\_\_\_ Age: \_\_\_ Typing Speed: \_\_\_\_\_

AM/PM AM/PM Hours: \_\_\_\_\_ Per \_\_\_\_\_

Driver's License Required? Yes/No Type: Reg: \_\_\_\_\_ /Chauf: \_\_\_\_\_ /CDL: A B C

Endorsements: \_\_\_\_\_ Need Help Finding Residents: Yes/No

Job Details (include essential job duties/functions and any machinery operated/tools used):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yrs. Experience: \_\_\_\_\_ Required/Desired

Level of Education: \_\_\_\_\_ Required/Desired

Salary Range: Min \_\_\_\_\_ Max \_\_\_\_\_ Per Hour/Day/Week/Month/Year

Benefits (check all that apply):

\_\_\_ 401 (k) \_\_\_ Dental \_\_\_ Major Medical \_\_\_ Retirement

\_\_\_ Bonuses \_\_\_ Education \_\_\_ Mileage Medical \_\_\_ Sick/Disability Leave

\_\_\_ Clothing \_\_\_ Life Insurance \_\_\_ Prescription Coverage \_\_\_ Uniform Furnished

\_\_\_ Vision Plan \_\_\_ Vacation Leave \_\_\_ Vehicle Furnished

Pay Benefit Details: \_\_\_\_\_