

Child Care Resources Job Posting Request Form

Employer Name		Employer Address	
Employer Phone Number		City, State, Zip Code	
Job Title	Number of Openings	Start Date	End Date
Pay Details			
Minimum Pay \$ per: <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year			
Workweek		Workday	
How many hours per week?		Start Time:	End Time:
Shift		Work Schedule	
<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Varied		<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Job Description			

FOR OFFICIAL USE ONLY	
DATE RECV'D	
POSTED ONLINE	
PAYMENT METHOD	
PAYMENT DATE	

CHILD CARE RESOURCES
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