



Employer Job Opportunity Form

Contact Person: _____ Date: _____

Employer's Non-Discriminatory Statement: _____

Employer Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Company Website: _____

What is the product/service your company offers?: _____

Job Title: _____

Full Time: _____ Part Time: _____ Temporary: _____

Qualifications/Skills: _____

Salary: _____ Benefits: _____

Application Process: _____

Closing Date: _____

Other Services MTC Can Provide:

- | | | |
|--|-----|----|
| • Are you familiar with Work Ready Certificates? | Yes | No |
| • Would you like more information? | Yes | No |
| • Are you looking for Work Ready Certificates as proof of core skills? | Yes | No |
| • Do you require Work Ready Certificates? | Yes | No |
| • Do you guarantee interviews for those with Work Ready Certificates? | Yes | No |
| • Would you like more information on tax credits for your business? | Yes | No |
| • Does your company need training opportunities? | Yes | No |

*Please email to Lisa Griffin, Director of Career Services,
at lgriffin@moultrietech.edu or fax to 229.891.7010.*

Thank you for choosing Moultrie Technical College!