



**DIRECT-HIRE PLACEMENT  
JOB ORDER FORM**

**CLIENT INFORMATION** (Your personal information is kept confidential)

**Date:** \_\_\_\_\_

**Company:** \_\_\_\_\_

Owner: First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Office (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name as it is to appear in acknowledgement material: \_\_\_\_\_

Additional Contact Person: \_\_\_\_\_ Office Hours \_\_\_\_\_

Title: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**DIRECT-HIRE PLACEMENT INFORMATION**

*Please select your location:*

Temp-to-Perm                       Direct-Hire  
 City: \_\_\_\_\_                       State: \_\_\_\_\_

**JOB LISTING INFORMATION:**

Job Title: \_\_\_\_\_ Salary Range: \_\_\_\_\_

**REQUIREMENTS**

**Benefits:**      **Explain:** \_\_\_\_\_

**Education Requirments:** \_\_\_\_\_

**Experience**     Yes or  No : If yes, How many years? \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bonus: \_\_\_\_     Hours \_\_\_\_     Vacations \_\_\_\_     Commission \_\_\_\_     Attached additional info.

Special request: \_\_\_\_\_

**NOTES**

- By receiving this Job Order Form verifies that you have accepted the requirements in the "Agreement" for Healthways Services and to assist you with staffing needs for your "Company".
  - We will provide candidates in a timely manner.
  - Payments must be received within ten (10) calendar days of the start date of employee employment to be eligible for the 90 day guarantee.
  - For more information please visit [www.healthwayservices.org](http://www.healthwayservices.org) or call (713) 996-9200 or send email to [clowery@healthwayservices.org](mailto:clowery@healthwayservices.org)
  - Please forward all correspondence to your Recruiter at: Healthways Services PO Box 41217 Houston, Texas 77241; Fax Number: (832) 504-9500 or (877) 700-5058.
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