

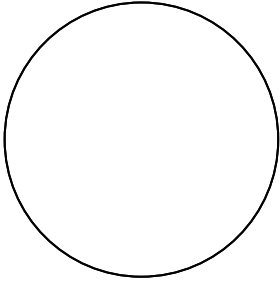
BROOKHAVEN JOB POSTING

DATE: _____

JOB TITLE: _____

JOB START DATE: _____

EMPLOYER NAME: _____



(CAREER USE ONLY)

SALARY: _____

REQUIRED: MUST STATE PAY RATE OR RANGE

FIRST: _____

SECOND: _____

FULL TIME: ____

TEMPORARY: ____

PART TIME: ____

PERMANENT: ____

JOB DUTIES: _____

REQUIREMENTS: _____

TYPE OF COMPANY: _____ **# OF POSITIONS:** _____

CONTACT PERSON & TITLE: _____ **WORK SCHEDULE:** _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

ADDRESS: _____

STREET

SUITE

CITY

STATE

ZIP

Equal Opportunity Employer Yes ____ No ____ **Post on free district-wide internet job bank?** Yes ____ No ____

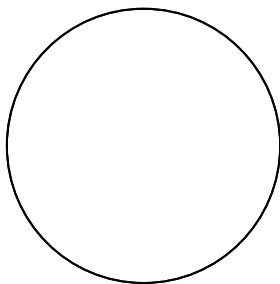
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PLEASE MAKE A COPY BEFORE COMPLETION

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