



Customer Placement Form

Placement Recorded by: _____ Date Form Completed _____
(Staff Name)

Customer Information:

Customer Name: _____ Jobseeker ID#: _____

Street Address: _____ City: _____ State: _____ Zip: _____
(Complete address information ONLY if jobseeker ID # is missing)

Is customer a Veteran? Yes No

Employment Information:

Employer: _____ Phone: _____

Industry: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____

Start Date: ____/____/____

Offered medical benefits at time of hire (regardless if accepted or not)? Yes No
If yes, what benefits?

Medical Insurance and Retirement Plan Medical Insurance Only None

Hours per Week: _____

Expected Duration: Over 150 days (over 5 months) Four to 150 days (less than 5 months)

Pay Rate \$ _____ per Hour Week Month Year

Did you learn of this position from MassHire Metro North Career Center?
 Referred by Staff Person Job Fair Employer Onsite Recruitment

Customer Comments:
