

**Public Employees Local 71 (LTC)
REQUEST FOR REFERRAL**

DEPARTMENT/DIVISION:	PCN:
JOB CLASS/TITLE:	WHEN POSITION IS NEEDED:
WAGE GRADE:	PAY WAGE: \$
CITY LOCATION:	PHYSICAL ADDRESS:
PRIMARY HIRING MANAGER:	PHONE NUMBER:
REPORT TO:	FAX NUMBER:
	EMAIL ADDRESS:

CDL REQUIRED: <input type="checkbox"/> YES / <input type="checkbox"/> NO TYPE OF CDL: ENDORSEMENTS:	FIREARMS REQUIRED: <input type="checkbox"/> YES / <input type="checkbox"/> NO
PRE-EMPLOYMENT BACKGROUND <input type="checkbox"/> YES / <input type="checkbox"/> NO TYPE: DRUG TESTING CHECK REQUIRED: <input type="checkbox"/> YES / <input type="checkbox"/> NO	COMMENTS:

JOB DESCRIPTION:

SPECIAL REQUIREMENTS (i.e. valid driver license, flagging certificate; First Aide/CPR Card):

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THIS POSITION REQUIRES THE INCUMBENT TO OPERATE (i.e. chainsaws, hand tools, snow plow, vehicles, sander, grader):

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TYPE OF POSITION

<input type="checkbox"/>	Permanent Full-Time	<input type="checkbox"/>	Permanent Full-Time Seasonal
<input type="checkbox"/>	Permanent Part-Time	<input type="checkbox"/>	Permanent Part-Time Seasonal
<input type="checkbox"/>	Non-Perm Full-Time	<input type="checkbox"/>	Non-Perm Part-Time
<input type="checkbox"/>	Non-Perm Part-time Sporadic	<input type="checkbox"/>	Seasonal

To be completed by DOPLR Recruitment Staff

EMAILED LOCAL 71: <input type="checkbox"/> Northern Region -Joleen@local71.com <input type="checkbox"/> Central Region - Tracy@local71.com Southeast <input type="checkbox"/> Region – Kelsey@local71.com	DATE: TIME:
FROM: Department of Administration, Division of Personnel & Labor Relations HR SERVICE CENTER: NAME:	PHONE NUMBER: FAX NUMBER:

In accordance with the State’s Equal Opportunity Program, the following minority groups are underutilized for this job classification. Please send us three applicants, one of which is from one of the certified underutilized categories indicated below.

Completed by DOPLR Recruitment Staff

	FEMALE	MALE
ALASKA NATIVE	D <input type="checkbox"/>	P <input type="checkbox"/>
AMERICAN INDIAN	A <input type="checkbox"/>	K <input type="checkbox"/>
ASIAN/PACIFIC ISLANDER	B <input type="checkbox"/>	L <input type="checkbox"/>
HISPANIC	E <input type="checkbox"/>	S <input type="checkbox"/>
BLACK	C <input type="checkbox"/>	O <input type="checkbox"/>
WHITE	H <input type="checkbox"/>	T <input type="checkbox"/>

Referred by union

	FEMALE	MALE
ALASKA NATIVE	D <input type="checkbox"/>	P <input type="checkbox"/>
AMERICAN INDIAN	A <input type="checkbox"/>	K <input type="checkbox"/>
ASIAN/PACIFIC ISLANDER	B <input type="checkbox"/>	L <input type="checkbox"/>
HISPANIC	E <input type="checkbox"/>	S <input type="checkbox"/>
BLACK	C <input type="checkbox"/>	O <input type="checkbox"/>
WHITE	H <input type="checkbox"/>	T <input type="checkbox"/>