



Employer Job Order Form

Employer Name: _____
Contact Person: _____
Employer Address: _____
City: _____ State: _____ Zip Code: _____
Employer Phone. # _____ Contact Phone # _____
Fax # _____ E-mail _____

Position: _____ Salary: _____ per hr/wk/month/yr _____
Comments regarding salary? _____

Where is the job located? _____
Part-time or full-time? _____ Permanent or temporary? _____
Days and Hours: M, T, W, TH, F, S, S. _____
Comments regarding days/hours? _____

How should applicants apply? (Mail/fax resume, cover letter, call, e-mail, in person)
How soon does this job begin? _____
Comments: _____

Qualifications:
(Include licenses/certificates, dress code/grooming, or tools that may be required.)

Description of duties: _____

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