

WORK ORDER

FAX TO: (718) 396-2706 or

EMAIL: workerscenter@nynice.org



Today's Date: _____

Employer Information

The following fields are the information about the employer; either the business or the individual person hiring.

Is this a business? Yes No

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary phone: _____ Secondary phone: _____

E-Mail: _____ Website: _____

How did you hear about the NICE Workers' Center?

Friend Flyer/Door Hanger NICE email Online search Other _____

Have you hired workers from the center before? Yes No

Would you like to receive updates & special offers via email? Yes No

Work Order Information

The following fields describe where the worker is to report to work.

Contact Name: _____

Work Site Address: _____

City: _____ State: _____ Zip: _____

Worksite phone: _____

Describe the work to be performed:

Number of workers needed: _____ Number of hours needed for each worker: _____

Date Needed: _____ Time needed: _____ AM PM

Payment Method: Cash Check

Pick Up Location: NICE Workers' Center

Other Address (please specify): _____

Special requests: _____