Smith County Workforce Recruitment Incentive Application

Business Name: _____

Contact Person: _____ **Title:** _____

Business address: _____

Phone: _____ **Email:** _____ **Website:** _____

Describe Business: _____

_____

NAISC Code: _____

Annual Revenue: _____

Annual Payroll: _____

No. full-time employees: _____

No. part-time employees: _____

Position Title: _____

How many employees are you seeking for this position in Smith County?

Certifications or Licensure Required:

Education Required:

Work Experience Required:

Starting Hourly Wage or Annual Salary $ per hour
$ salary

Employee Benefits:

Does this position have supervision responsibilities? Yes / No

If yes, supervision of how many employees?

This position is responsible for an estimated annual revenue of: $

Describe how a recruitment incentive would help fill this position (use attachments if needed):

Position Title: _____

How many employees are you seeking for this position in Smith County?

Certifications or Licensure Required:

Education Required:

Work Experience Required:

Starting Hourly Wage or Annual Salary $ per hour
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Employee Benefits:

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If yes, supervision of how many employees?

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