

## Business Job Order Form

<b>Company Name</b> Youngstown Service Shop, Inc.		<b>Federal ID#</b> (FEIN) or (UCAN) 34-1578103	<b>Date</b> 06/06/2024
<b>Address</b>	Street 272 E. Indianola Avenue	City Youngstown	State Ohio
		Zip Code 44507	
<b>Contact Person &amp; Title</b> Kelly Mowry – Office / HR Manager		<b>Telephone#</b> (330) 782-8147	<b>Fax#</b> (330) 782-1016
<b>Worksite Address</b> (If different from above)		<b>E-Mail/Website/URL Address*</b> knowry@yss.us	
<b>Job Title</b> Mechanic	<b># Openings</b> 2	<b>Post this job on social media:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Job Description:</b>  YSS is currently looking to add a shop mechanic to our team. We offer competitive wages, 401K, a comprehensive benefits package including medical, dental, vision, company paid short term disability, AD&D and life insurance, paid vacation time and holidays.  All aspects of AC and DC electric motor repair from dismantling, inspecting, testing and reassembly. Experience is a plus.		<b>How would you like candidates to contact you?</b>  <input type="checkbox"/> Telephone Call <input type="checkbox"/> Mail Resume <input type="checkbox"/> Fax Resume <input checked="" type="checkbox"/> E-mail Resume <input type="checkbox"/> Apply in Person @ Co <input type="checkbox"/> Apply @ OMJ Center <input type="checkbox"/> Apply @ Co website	
<b>Years of Experience Req</b> None Required	<b>Minimum Education Req</b> High School / GED	<b>Degree/Cert/License Req</b> None Required	
<b>Minimum Age</b> 18	<b>Will train?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Related experience acceptable:</b> Yes	
<b>Job Length:</b> <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time _____ hours weekly <input type="checkbox"/> Temporary _____ duration			
<b>Work Hours:</b> Sun <input type="checkbox"/> <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> F <input type="checkbox"/> Sat  From <u>7:30 AM</u> To <u>4:00 PM</u>		<input checked="" type="checkbox"/> 1 <sup>st</sup> Shift <input type="checkbox"/> 2 <sup>nd</sup> Shift <input type="checkbox"/> 3 <sup>rd</sup> Shift <input type="checkbox"/> Rotating Shift <input type="checkbox"/> Split Shift	<b>Wages:</b> (Info required to process) From \$ <u>15.00</u> To \$ <u>28.00</u>  <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
<b>Benefits:</b> <input checked="" type="checkbox"/> Health Insurance <input checked="" type="checkbox"/> Dental Insurance <input checked="" type="checkbox"/> 401K/Retirement Plan <input checked="" type="checkbox"/> Sick Leave <input checked="" type="checkbox"/> Vacation <input checked="" type="checkbox"/> Vision Insurance <input checked="" type="checkbox"/> Paid Holidays <input type="checkbox"/> Education Assistance <input type="checkbox"/> Child Care <input type="checkbox"/> No Benefits			
<b>Hiring Requirements:</b> <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Physical <input type="checkbox"/> Drug Test <input type="checkbox"/> Background Check Type _____ <input checked="" type="checkbox"/> Use Own Car <input checked="" type="checkbox"/> Own Tools Req <input type="checkbox"/> Lifting Req <u>30</u> lbs <input type="checkbox"/> Driving Record Check <input checked="" type="checkbox"/> Reference Check <input type="checkbox"/> Bondable <input type="checkbox"/> Other _____			