



Jobtimize EMPLOYER PORTAL APPLICATION

Date:

Company Name:			
Point of Contact:			
Phone Number:		Alternate Number:	
Email Address:			
Company Address:			
City:		State:	Zip Code:
Company Industry:			
WMBE:	VETERAN:	MBE:	
Size of Company	Small: <input type="checkbox"/>	Mid: <input type="checkbox"/>	Large: <input type="checkbox"/>
Current Open Positions			
Starting Wage of Open Positions:			
Total Company Employees:		Monthly Turnover%:	Yearly Turnover %:
Does your company offer current benefits?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Types of Benefits (Describe)			
Employee Hiring Plans:		12 Months _____ 18 Months _____ 24 Months _____	

Return to email address:

workforce@vegaspbs.org

Questions: 702-799-0031