ODYSSEY BUSINESS SERVICES, INC. NEVADA
JOB ORDER

AJB REF#(OFFICE USE ONLY)_____

JOB ORDER# (OFFICE USE ONLY)_____

CATEGORY(OFFICE USE ONLY)_____

DATE: _____ORDER REQUESTED BY_____

CLIENT: _____

PHONE: _____ FAX: _____

ADDRESS: _____

JOB PLACEMENT CONTACT: _____

DAYS:_____HOURS: _____

DIRECTIONS: _____

POSITION:_____ # NEEDED: _____ OT- YES____ NO____

_____

JOB DESCRIPTION: _____

_____

PAY RATE: _____ F/T OR P/T

COMMENTS: _____

Date	Time	Contact	Notes (Results/Interview, etc.)	Int.

CLIENT SPECIFICATIONS

*_____ *_____

*_____ *_____