**Job Order Form**

**Identity Agreement Returned:** Click or tap here to enter text. **Recruiter:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

1. **Client Name:** Click or tap here to enter text.
2. Address: Click or tap here to enter text. City Click or tap here to enter text. State Click or tap here to enter text.
3. **Client Type:** Choose an item.
4. **Phone Number:****0000000000000** Zip 000
5. **Main Contact:** Click or tap here to enter text. **Title** Click or tap here to enter text.
6. **Direct Phone:****0000000000000 Email:**Click or tap here to enter text.
7. **Cell Phone:****0000000000000 Text:** Choose an item.
8. 2nd contact:Click or tap here to enter text. Title:Click or tap here to enter text.
9. Direct Phone:**0000000000000** Email:Click or tap here to enter text.
10. 3rd Contact:Click or tap here to enter text. Title:Click or tap here to enter text.
11. Direct Phone: **0000000000000** Email:Click or tap here to enter text.
12. Who will make the hiring decision?
    1. Name:Click or tap here to enter text.
    2. Title:Click or tap here to enter text.
13. If different from contact, may we contact them directly? Choose an item.
14. What is hiring procedure/process?Click or tap here to enter text.
15. Notes:Click or tap here to enter text.
16. Choose an item. **Number desired:**
17. **If we found another very strong provider could you find room:** Choose an item.
18. **Would you consider a temporary person until a perm can be found:** Choose an item.
19. **Specialty:**Click or tap here to enter text. **Practice site location:**Click or tap here to enter text.
20. **Level of experience:****(years). Openness to New Graduate**(1-10):     .
21. Practice Setting:Click or tap here to enter text.
22. **Num. of other providers on job site:** Type:Click or tap here to enter text.
23. Num. of Treatment Rooms/Beds: Annual Volume/Cases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
24. Duties and Responsibilities:Click or tap here to enter text.
25. Average Pt. Acuity Level or Complexity:0.00
26. **Will Provider have their own panel of patients**?Click or tap here to enter text.
27. **Schedule (days worked)** Choose an item. **Lunch( )**

Notes:Click or tap here to enter text.

1. **Hours:** **through**  Notes: Click or tap here to enter text.
2. **Call:** Choose an item. Describe schedule:Click or tap here to enter text.
3. **Weekend work:** Choose an item. How Often: Click or tap here to enter text.
4. Overtime:Choose an item.. How much: Click or tap here to enter text.
5. Is there any schedule flexibility (if yes, explain)?Click or tap here to enter text.
6. **Anticipated patient volume:**Click or tap here to enter text.
7. Number and type of support staff (Nurses, CNN’s, MA’s Techs, etc.)

Click or tap here to enter text.

1. Amount of supervision available:
2. How much autonomy?
3. How available is backup assistance or coverage and where is it located?

Click or tap here to enter text.

1. Type of Medical Record keeping:Choose an item.
2. Other services on site:Choose an item. OtherClick or tap here to enter text.

**Fee**

1. **Who approves our fee? Name:**Click or tap here to enter text. **Title:**Click or tap here to enter text.
2. **Fee amount quoted:** **Approved:**Choose an item.
3. **If not approved, how was the fee issue left?**Click or tap here to enter text.
4. **Fee Notes:**Click or tap here to enter text.
5. **Guarantee:** **(Days).**

**Compensation**

1. **Base Range**:**to**
2. **Maximum hire-in**: **For a new grad**
3. Bonus Choose an item.**How much****. When/How Paid:**Click or tap here to enter text.
4. **Incentives** Choose an item. **How structured?** Click or tap here to enter text.
5. **Estimated annual $ value of incentives:**
6. **Retention Bonus/Incentive $**
7. What is your Retention Strategy? Click or tap here to enter text.
8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Benefits**

1. **Vacation:** Click or tap here to enter text.
2. Sick leave: Click or tap here to enter text.
3. **CME Allowance:** Click or tap here to enter text.
4. **CME Time**:1:26 AM
5. Malpractice limits: Click or tap here to enter text. Type:Click or tap here to enter text.

Tail Coverage: Choose an item.

1. Medical Insurance: Click or tap here to enter text.
2. Retirement: Click or tap here to enter text.
3. Dental: Click or tap here to enter text.
4. Vision: Click or tap here to enter text.
5. Benefits Enrollment: Click or tap here to enter text.
6. Internal Loan Repayment: Click or tap here to enter text.
7. **Relocation:**Click or tap here to enter text. TermsClick or tap here to enter text. W2:Choose an item.
8. **Sign-On Bonus:**Click or tap here to enter text.Terms Click or tap here to enter text.W2:Choose an item.
9. **Duration of contract:** **years.** Do you have a formal contract Choose an item.
10. Does site qualify for **Federal Loan Repayment Asst**:Click or tap here to enter text. **HPSA Score**:
11. Does site qualify for **State Loan Repayment Asst**:Click or tap here to enter text.
12. **Temp/ Perm Housing** Click or tap here to enter text.
13. Other: Click or tap here to enter text.

**Recruitment Details**

1. What has created the opening or need? Click or tap here to enter text.
2. How long has the position been open? Click or tap here to enter text.
3. How long have you been actively recruiting on it? Click or tap here to enter text.
4. What has been done so far to fill this position? Click or tap here to enter text.
5. How many site visits have you conducted? Click or tap here to enter text.
6. What were the offers? Click or tap here to enter text.
7. How many firms are you working with at this time?
8. How are you currently getting this work done or the practice needs addressed? Click or tap here to enter text.
9. How severe and what kind of problems is the opening causing? Click or tap here to enter text.
10. Assessment of Pain Factor (1-10):      .
11. What is the timeframe or deadline for filling this position:Click or tap here to enter text.
12. Who will this new employee report to? Click or tap here to enter text.
13. Who is the supervising or collaborative physician?Click or tap here to enter text.
14. Where is supervising or collaborative physician fellowship trained?

Click or tap here to enter text.

1. What are their certifications? Click or tap here to enter text.
2. Has the supervising or collaborative physician worked with mid-levels before? Choose an item.
3. What would attract someone to this opportunity:Click or tap here to enter text.
   1. What about the **town** or community is outstanding, attractive, appealing, desirable, noteworthy, etc?

Click or tap here to enter text.

* 1. What about the **practice setting** (office, clinic, hospital, etc.) is attractive?

Click or tap here to enter text.

1. Age and condition of facilities at practice site:

Click or tap here to enter text.

* 1. What about this **opportunity** would compare favorably with other positions a candidate is looking at?

Click or tap here to enter text.

1. What could be done to make this opportunity more appealing?

Click or tap here to enter text.

1. Who conducts the T.I ? Click or tap here to enter text.
2. How quickly can you set up a T.I.? Click or tap here to enter text.
3. After a T.I., how quickly can you set up a site visit? Click or tap here to enter text.
4. Who makes the site visit travel arrangements? Click or tap here to enter text.
5. If a site visit goes well, how quickly can you present an offer?

Click or tap here to enter text.

1. Can we present the offer for you? Click or tap here to enter text.
2. If not, will you at least run the offer by us before you present it to the candidate?

Click or tap here to enter text.

1. **\***When a candidate accepts, how long can wait for them to start?

Click or tap here to enter text.

1. How long does your credentialing process normally take?Click or tap here to enter text.
2. Is there anything I have not addressed that you feel is important

Click or tap here to enter text.

**Class “A” job orders:**

Have we cleared the fee with the person who will actually be signing the fee agreement?( Choose an item. )

Are we working directly with the person responsible for making the hiring decision? ( Choose an item. )

Is this an urgent and critical need (high pain factor)? ( Choose an item. )

Is the hiring process streamlined so that the employer can move quickly? ( Choose an item.)

Is the salary competitive enough to attract a desirable candidate? ( Choose an item. )

Is the need strong enough to cause the employer to be flexible on the salary ceiling if necessary? ( Choose an item. )

Will the employer do what is necessary to secure a candidate they want? ( Choose an item. )

Is the location attractive?(-1 – 10**+**) ?( Choose an item. )

Is the schedule desirable? ( Choose an item. )

If the employer had a suitable candidate, would they make an offer TODAY? ( Choose an item. )