

Employment Posting Form



****please remit copy of this order with payment****

To ensure proper processing of the job posting, please do the following:

- E-mail Kelly McGrath (kelly@atsa.com) the employment announcement(s) as a Word document or text attachment.
- Complete this form and fax/email/mail to Kelly McGrath at the ATSA office with applicable payment.
- Each employment opportunity (each position open for employment) is considered an individual posting and will be charged accordingly:

1 Month posting = \$50.00 / 3 Month posting = \$100.00 / 6 Month posting = \$150.00

Must provide start/end date(s) or announcement will not be posted. Agency is responsible for tracking end-date should the position still be available/open. Agency is responsible for contacting ATSA to extend end-date. Once ATSA receives payment, this completed Employment Posting Form, and employment announcement, it will take approximately one week to process. Please adjust the START/END dates to reflect that process.

Contact: _____

Agency: _____

Address: _____

City _____ State _____ Zip _____

Agency Phone: _____ Fax: _____

E-mail: _____

Post on Web: _____

Date to be Posted—Start _____ Date to Remove Posting—End (6 months max.) _____

List Position(s): _____

Payments must be made by check, money order or accepted credit card (sorry, no Purchase Orders).

Method of Payment: Visa | MasterCard | AMEX | Discover **OR** Check (payable to ATSA, Inc.)

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CREDIT CARD NUMBER

EXPIRATION DATE

SECURITY CODE: last 3 digits on back of card, or 4 digits on front of card if using AMEX _____

BILLING ADDRESS: _____
(credit card users only)

TOTAL AMOUNT TO CHARGE: \$ _____

Authorized card holder name

Authorized card holder signature

Association for the Treatment of Sexual Abusers

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