



Southern CT BOMA Job Posting Form

Date Form Completed _____

Member Name _____

Member Company _____

Contact Person Name _____

Contact Person Phone Number _____

Contact Person E-Mail _____

Position Title _____

Position Description _____

(Attach formal Job Description if desired) _____

Date Available _____

Salary Range (Optional) _____

Location of Job _____

for BOMA Staff use only

Approved/Relevance to SoCT
BOMA _____

Date Posted _____

Date Filled _____

Name of Hired Employee _____

(Add to Mailing List) _____

Date Removed (Scheduled/Actual) _____