



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES (DHS)
BENEFIT, EMPLOYMENT AND SUPPORT SERVICES DIVISION (BESSD)
EMPLOYMENT AND CHILD CARE PROGRAM OFFICE (ECCPO)
SUPPORTING EMPLOYMENT EMPOWERMENT (SEE) PROGRAM
JOB ORDER FORM

TO BE COMPLETED BY EMPLOYER:

EMPLOYER NAME: _____

CONTACT NAME: _____ TELEPHONE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WORKSITE SUPERVISOR: _____ PHONE/FAX #: _____

WORKSITE ADDRESS (IF DIFFERENT FROM ABOVE): _____

JOB TITLE: _____ # OF POSITIONS REQUESTED: _____

POSITION PREREQUISITES: _____

TYPING WPM: _____ COMPUTER SKILLS (if required, what type) _____

10 KEY TOUCH SIGHT

OTHER OFFICE EQUIPMENT: _____

JOB DUTIES (Please attach job description): _____

ESTIMATED START DATE: _____ ESTIMATED END DATE: _____

RATE OF PAY: _____ HOURS OF OPERATION: _____ TOTAL HOURS PER WEEK: _____

DAYS PER WEEK: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

TRAINING OFFERED (please be specific OR attach Training Plan): _____

DHS/AGENCY AUTHORIZED USE ONLY:		
DATE REC'D FROM EMPLOYER:	APPROVED BY:	FORWARDED UNIT/DATE:
DATE REC'D FROM UNIT:	DATE CONTACTED EMP (applicants):	CENSUS TRACT:
AGREEMENT START DATE:	DATE EXTENDED (1):	DATE AGREEMENT END:

Please complete form and fax to (808) 327-4763 or mail to:
 SEE Hawai'i Work
 75-5722 Hanama Place, Ste 1105
 Kailua-Kona, HI 96740