



**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): \_\_\_\_\_

\_\_\_\_\_

<b>DHS/AGENCY AUTHORIZED USE ONLY:</b>		
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) 792-8570 or mail to:  
 SEE Hawai'i Work  
 1085 S. Beretania St., Ste 200  
 Honolulu, HI 96814