



**STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
BENEFIT, EMPLOYMENT AND SUPPORT SERVICES DIVISION (BESSD)
EMPLOYMENT AND CHILD CARE PROGRAM OFFICE (ECCPO)
SUPPORTING EMPLOYMENT EMPOWERMENT (SEE) PROGRAM
EMPLOYER INTERVIEW REFERRAL FORM**

INTRODUCING:

Applicant Name: _____

Interview: _____ (Date) _____ (Day) _____ (Time)

Employer Name: _____

Title: _____ Telephone #: _____

Location: _____

Position Applying For: _____

PLEASE INDICATE RESULT OF REFERRAL AND RETURN TO:	
ERS Name: _____ Telephone: _____ Fax: _____	
<input type="checkbox"/>	ACCEPTED, START DATE: _____
<input type="checkbox"/>	APPLICANT REFUSED POSITION
<input type="checkbox"/>	POSITION FILLED
<input type="checkbox"/>	NOT ACCEPTED, REASON: _____
<input type="checkbox"/>	PENDING
COMMENTS: _____	

_____	_____
Employer's Signature	Date

Please complete form and fax to (808) 241-3669 or mail to:
SEE Hawaii Work
4473 Pahee Street, Ste G
Lihue, HI 96766