



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) 792-8570 or mail to:
SEE Hawaii Work
1085 S. Beretania St., Suite 200
Honolulu, HI 96814