|  |  |  |
| --- | --- | --- |
|  | State of Hawaii  Department of Human Services  Benefit, Employment and Support Services Division  **SEE PROGRAM**  1085 S. Beretania St, Ste 204  Honolulu 96814 | Employer ID No: |
|  |

**SEE JOB ORDER FORM**

*To be completed by SEE Employer:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer Name: |  | | | |
|  | | | | |
| Contact Name & Title: | |  | Phone #: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| E-Mail Address: |  | Fax #: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Business Address: | |  | | | | |
|  | | | | | | |
| City: |  | | State: |  | Zip Code: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Worksite Supervisor & Title: |  | Phone #: |  |

|  |  |
| --- | --- |
| Worksite Address (if different from above): |  |

|  |  |
| --- | --- |
| Total Number of Employees at Worksite: |  |

|  |  |  |
| --- | --- | --- |
| Job Title: |  | |
|  | | |
| Job Prerequisites: | |  |
|  | | |
|  | | |

|  |
| --- |
| Detailed Description of Job Duties and Responsibilities (please attach additional document, if needed.): |
|  |
|  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Projected Start Date: |  | Rate of Pay Per Hour: | $ |

|  |  |
| --- | --- |
| Employee Benefits: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Schedule: | Set | Rotation | Flexible | Other |  | # of Hours/Week: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Work Schedule: | Sunday |  |  | Thursday |  |
| (Start & End Times) | Monday |  |  | Friday |  |
|  | Tuesday |  |  | Saturday |  |
|  | Wednesday |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Form Completed By (print full name and title): | |  | | |
| Signature: |  | | Date: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **For Department Use Only:** | Date Received from Employer: | |  | # of Positions Allowed: |  |
| Position #: | of | Approved By: | | |