|  |  |  |
| --- | --- | --- |
|  | State of HawaiiDepartment of Human ServicesBenefit, Employment and Support Services Division**SEE PROGRAM**1085 S. Beretania St, Ste 204Honolulu 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:  |