



Date received _____

Mississippi Department of Employment Security

Phil Bryant
Governor

H-2B Temporary Non-Agriculture Job Order Request Form

Employer Information

Company Name: _____	Employer EIN # _____ - _____
Contact Name: _____	Phone number: (____) _____ - _____
Mailing Address _____ _____ _____	Fax number: (____) _____ - _____
City _____ State _____ Zip code _____	Email address: _____

Job information:

Rate of Pay (PWD from Chicago NPC) \$ _____ hour **Valid From** _____ to _____
mm/dd/yyyy mm/dd/yyyy

Overtime: No Yes \$ _____ hour **Piece rate** \$ _____ N/A

Job Title: _____

SOC Code/Title _____ **NAICS Code** _____

Number of workers requested _____ **Dates of need:** From _____ to _____

Hours: ____ per day ____ per week **From** _____ (am/pm) **to** _____ (am/pm)

Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Worksite address: Attach separate sheet to list multiple worksites.

Street _____ City _____ State _____ Zip code _____ County _____

Job requirements:

Education None GED High School Associates Degree Bachelors Degree Other _____

Training No Yes _____ years _____ months **Experience** No Yes _____ years _____ months

Other requirements: _____

Job Description:

A Workforce Investment Network Partner

Post Office Box 1699 • Jackson, Mississippi 39215-1699 • (601) 321-6030 • FAX (601) 321-5429

Job Description Continued

Agent Information

Company Name: _____

Contact Name: _____

Mailing Address

City

State

Zip code

Phone number:

(____) _____ - _____

Fax number:

(____) _____ - _____

Email address:

MDES USE ONLY

MS Job Order Number _____

Job Order Start Date _____ Job Order End Date _____

Notes:

Attachment 1. Additional Worksites * Required

Street	City*	State*	Zip code	County*
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Street	City*	State*	Zip code	County*
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Street	City*	State*	Zip code	County*
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