

Mississippi Department of Employment Security

Tate Reeves Governor

Jacqueline A. Turner Executive Director

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

Employer Information						
Company Namo	Employer EIN #					
Company Name:	Phone number:					
Contact Name:	()					
W. W. A. I.I.	Fax number:					
Mailing Address	()					
	Email address:					
City State Zip code						
T1:0						
Job information: Pate of Pay (PWD from Chicago NPC) \$ hour Valid From	to					
Rate of Pay (PWD from Chicago NPC) \$hour Valid From _	mm/dd/yyyy mm/dd/yyyy					
Overtime: No Yes \$ hour Piece rate \$	N/A Initial dayyyy					
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:						
Worksite address: Attach separate sheet to list multiple worksites.						
······································						
Street City State	Zip code County					
Street City State	Zip code County					
Street City State Job requirements:						
Street City State	egree					
Street City State Job requirements: Education None GED High School Associates Degree Bachelors Degreining No Yes years months Experience No Experience	egree					
Street City State Job requirements: Education \[None \[GED \] High School \[Associates Degree \[Bachelors Degree \]	egree					

MDES is an Equal Employment Opportunity Employer

Job Description Continued **Agent Information** Phone number: Company Name:_____ (____)___-Fax number: Contact Name: _____ (_____) ____ - ____ Email address: Mailing Address City State Zip code MDES USE ONLY MS Job Order Number _____ Job Order Start Date ______ Job Order End Date _____ Notes:

Attachment 1. Addition	nal Worksites * Required			
Street	City*	State*	Zip code	County*
Street	City*	State*	Zip code	County*
Street	City*	State*	Zip code	County*
Street	City*	State*	Zip code	County*
Street	City*	State*	Zip code	County*
Street	City*	State*	Zip code	County*
Street	City*	State*	Zip code	County*