



Mississippi Department of Employment Security

Date received _____

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

Employer Information

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

Helping Mississippians Get Jobs

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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