



## 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*

Henry J. Kirksey Building • 1235 Echelon Parkway • Jackson, Mississippi 39213  
Post Office Box 1699 • Jackson, Mississippi 39215-1699 • (601) 321-6000

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*Job Description Continued*

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**Agent Information**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

Phone number:

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax number:

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address:

\_\_\_\_\_

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**MDES USE ONLY**

MS Job Order Number \_\_\_\_\_

Job Order Start Date \_\_\_\_\_ Job Order End Date \_\_\_\_\_

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Notes:

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**Attachment 1. Additional Worksites \* Required**

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