

REQUEST FOR SCSEP WORKER

Non-Profit Organization

Government Agency

Organization/Agency Name: _____ **FEIN:** _____
(Federal Employer Identification Number)

Address: _____

Contact Person: _____ **Phone:** _____

Worksite: _____

Job Title: _____ **No. Positions:** _____

Tasks: _____

Desirable Skills, Knowledge, Abilities and Personal Traits: _____

Physical Capacity and Environmental Conditions:

Lifting/Carrying:

Heavy (45 pounds & over)

Moderate (15 to 44 pounds)

Light (Under 15 pounds)

Comments: _____

Vision:

Constant Close Work

Occasional Close Work

No Close Work

Comments: _____

Hearing:

Normal Conversation

Not Required

Comments: _____

Shelter:

Outside Work **Under Cover**

Air Conditioned

Comments: _____

If the Agency has an opening, what is the prospect of your Agency hiring the SCSEP trainee to fill the job vacancy?

Excellent **Good** **Less Than Promising**

This position will provide community service to:

Elderly Primarily **Elderly and General Public** **Other Than Elderly**

Prepared by: _____ **Date:** _____

SEND FORM TO:

**Honolulu Community Action Program, Inc.
1132 Bishop Street, Suite 100
Honolulu, HI 96813-2807
Attn: SCSEP**