REQUEST FOR HO'OMAU KŪPUNA
EMPLOYMENT PROGRAM 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 Ho'omau Ka 'Ike Nānā Ke Kūpuna Employment Program 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:       ATTN: Ho'omau Ka 'Ike Nānā Ke Kūpuna Employment Program
Honolulu Community Action Program, Inc.
1132 Bishop St., Suite 100
Honolulu, Hawaii 96813

Revised 01/2020