

## Nome Eskimo Community General Assistance Application

**Welfare Assistance**

**Direct Employment**

**\*\*INCOMPLETE APPLICATION WILL NOT BE PROCESSED\*\***

Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Maiden Name or other names used: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Message #: \_\_\_\_\_ Cell # \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

**List ALL MEMBERS of the Household.** Enter an asterisk (\*) in the box at the left of the name for each person **NOT INCLUDED** in General Assistance application budget.

*	Name	Date at Birth	Relation to Head	Age	Sex	Social Security #	Enrollment (Village Tribe)	Monthly Income
			Self					

How many persons live in the house: \_\_\_\_\_ Adults \_\_\_\_\_ Children

Where do you live now?  Own Home  Rent House/Apartment  Rent Room  With Relatives  With a Friend

Other (please explain): \_\_\_\_\_

Are you or any member of your household a shareholder in a Native Corporation? Yes No

If yes, list the name of household members and Corporation (s) here: (use backside of form if necessary)

Name	Native Corporation	# of Shares

## RECORD OF INCOME & RESOURCES

All the information requested on this form is for the 30 days you submit this application. It is your responsibility to notify the Tribal Services office of any changes in your case after you submit your application. Any questions should be directed to the Tribal Services staff.

Does anyone in the house hold have income from any source?     Yes                       No

If yes, list the name of household members, sources of income and amounts below

**\*\*\*YOU ARE REQUIRED TO REPORT INCOME RECEIVED FROM THE FOLLOWING\*\*\***

SOURCE OF INCOME & RESOURCES	AMOUNT	NAME OF HOUSEHOLD MEMBER
Salary #1: Applicant's Income/Salary		
Salary #2: Spouse's Income/Salary		
Child support (member #04		
ATAP or TANF (State Assistance)		
APA – Adult Public Assistance		
Food Stamps		
Income Tax Return		
Social Security (SSA)		
Supplemental Security Income (SSI)		
Disability Insurance		
Alaska Permanent Fund Dividend		
Cash out of Retirement or Pension Plans		
State Longevity		
Veteran's Benefit		
Unemployment Insurance Benefits		
Workers Compensation		
Medicare/Medicaid		
Native Dividends		
Savings/Checking Account		
other		
<b>TOTAL MONTHLY INCOME</b>		

\_\_\_\_\_  
Applicants signature                      Date

\_\_\_\_\_  
Co-Applicant signature                      Date

List each household member's expenses he/she is responsible for paying. Blank rows are provided if any household member has expenses not listed so the information may be listed for the review in this assistance application.

Expense/ Bill	Monthly amount	Total Bill	Date due	Recipient of Expense
Rent/Mortgage				
Utilities (electricity, water, sewer, garbage)				
Heating (household fuel, oil)				
Food				
Telephone				
Transportation (for work)				
Child Care				
Child Support				
Clothing				
Household cleaning supplies/personal hygiene				
other				
TOTAL MONTHLY EXPENSE				

List account information and availability of funds; use the back page if more space is needed:  
**\*\*\*Bring in a copy of your full monthly bank statement for the last 2 months\*\*\***

Name of Bank or Financial Institution	Type of Account	Balance Available	Name(s) on Account
	Checking Savings Other		
	Checking Savings Other		

**READ BEFORE SIGNING:** I (We) apply for financial assistance for services for the listed members of my (our) household who are in need. I (We) have received a copy of and have had explained to us, and understand the provisions of Federal Law governing fraud. **The Federal law concerning fraud states: "whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes or uses any false writing documents, knowing the same to contain any false fictitious or fraudulent statements or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both.** I (We) agree to supply information regarding resources and income and to notify the agency of any charges in my (our) situation. NEC Tribal Services is authorized to obtain information necessary to establish eligibility for assistance.

\_\_\_\_\_  
 Applicants Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Co-Applicants Signature

\_\_\_\_\_  
 Date

# Nome Eskimo Community

## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the **Nome Eskimo Community (NEC) Tribal Services Program** to obtain information from the following, but not limited to: employers, employment agencies, landlords, and any agency I am engaged within the capacity of income and/or expenses. I understand that this information will be used solely for the administration of the NEC Tribal Services Program and will not be released to any other person or agency outside NEC. I understand that copies of this authorization will be as valid as the original and that this authorization will be valid for the remainder of the current calendar year from the signature date.

I understand that as needed, the space below will be utilized to submit written requests of verification from the appropriate business to process my application and complete a determination, and prior to NEC Tribal Services requesting verification I will be contacted and notified of what type of verification will be requested; however, if efforts to contact me are unsuccessful, the request will be made to expedite the processing of my application determination and staff will continue efforts to contact me until I am notified.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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# Nome Eskimo Community

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\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EMPLOYMENT & INCOME VERIFICATION

The above named individual has applied for services through the Nome Eskimo Community Tribal Services Program. Please provide the following information for verification:

Employer Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant's Job Title: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date of first check: \_\_\_\_\_ Amount of first check: \_\_\_\_\_

Hourly Salary: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Pay Schedule: \_\_\_\_\_

Annual Gross Income: \_\_\_\_\_ Annual Net Income: \_\_\_\_\_

Monthly Gross Income: \_\_\_\_\_ Monthly Net Income: \_\_\_\_\_

Please indicate applicant's employment status:

Temporary – Full-time through (date) \_\_\_\_\_ Temporary – Part-time through (date) \_\_\_\_\_

Seasonal through (date) \_\_\_\_\_

Regular – Full-time Regular – Part-time Other: \_\_\_\_\_

Please describe the applicant's work schedule: \_\_\_\_\_

Has the employee been terminated?  Yes  No If yes, give reason. \_\_\_\_\_

Has the employee received their final paycheck? Yes No

Total NET income received from their final paycheck: \$ \_\_\_\_\_ Date of Final Pay: \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor or Employer

\_\_\_\_\_  
Date

**Please Complete and Return to:**  
**NOME ESKIMO COMMUNITY**  
**Tribal Services Program**  
**P.O. Box 1090**  
**Nome, AK 99762**  
**Phone: (907) 443-2246 Fax: (907) 443-9144**

**Nome Eskimo Community  
AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the **Nome Eskimo Community (NEC) Tribal Services Program** to obtain information from the following, but not limited to: employers, employment agencies, landlords, and any agency I am engaged within the capacity of income and/or expenses. I understand that this information will be used solely for the administration of the NEC Tribal Services Program to provide services according to my application or case plan. I understand that copies of this authorization will be valid for one year after the signature date.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**LANDLORD VERIFICATION**

The above named individual has applied for services through the Nome Eskimo Community Tribal Services Program. Please provide the following information for verification:

**TENANTS RENTAL ADDRESS:**

Name on lease: \_\_\_\_\_

Street address/apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please Complete and Return to:  
NOME ESKIMO COMMUNITY  
Tribal Services Program  
P.O. Box 1090  
Nome, AK 99762  
E-mail: [toni.smith@necalaska.org](mailto:toni.smith@necalaska.org)  
Phone: (907) 443-2246 Fax: (907) 443-9144**

When did or can the tenant move into the apartment? \_\_\_\_\_

Deposit Amount: \$ \_\_\_\_\_ Monthly Rent Amount: \$ \_\_\_\_\_ Due Date: \_\_\_\_\_

Date payment made: \_\_\_\_\_ Amount paid: \$ \_\_\_\_\_ Amount due: \$ \_\_\_\_\_ For what month? \_\_\_\_\_

Does rent include Fuel? \_\_\_\_\_ Does rent include Electric? \_\_\_\_\_

**LANDLORD/PAYMENT ADDRESS: (What's on your W9)**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
Signature of Landlord or Rental Office

\_\_\_\_\_  
Date

**Nome Eskimo Community**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

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\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----  
**DEPARTMENT OF PUBLIC ASSISTANCE**

The above named individual has applied for services through the Nome Eskimo Community Tribal Services Program. Please provide the following information for verification:

Is the applicant eligible to apply for ATAP/TANF? Yes No

Did the applicant apply for ATAP/TANF? Yes No If yes, when is/was the interview date? \_\_\_\_\_

Has the applicant received any ATAP/TANF in the past month? Yes No  
If yes, how much did they receive? \_\_\_\_\_  
For what month? \_\_\_\_\_

Has the applicant's ATAP/TANF been reduced or terminated due to penalties? Yes No  
If Yes; list reason(s): \_\_\_\_\_

Has the applicant been denied ATAP/TANF? Yes No  
If yes, list reason(s) \_\_\_\_\_

Is the applicant eligible to reapply for ATAP/TANF? Yes No If no, list reason(s) \_\_\_\_\_

Has the applicant applied for Food Stamps? Yes No If yes; when is/was their interview date? \_\_\_\_\_  
If yes, how much will/do they receive and for what month? \_\_\_\_\_

Has the applicant applied for General Assistance? Yes No If yes, how much will/do they receive? \_\_\_\_\_

Has the applicant applied for Adult Public Assistance? Yes No If yes, how much will/do they receive? \_\_\_\_\_

\_\_\_\_\_  
Print name of DPA case worker

\_\_\_\_\_  
Signature of DPA case worker

\_\_\_\_\_  
Date

**Please Complete and Return to:**  
**NOME ESKIMO COMMUNITY**  
**Tribal Services Program**  
P.O. Box 1090, Nome, AK 99762  
E-mail: [toni.smith@necalaska.org](mailto:toni.smith@necalaska.org)  
Any questions call,  
(907) 443-2246 or Fax: (907) 443-9144

**Nome Eskimo Community**  
**Tribal Services Program**  
**PO Box 1090**  
**Nome, Alaska 99762**  
**Phone (907) 443-2246 FAX (907) 443-9144**  
**Email: [toni.smith@necalaska.org](mailto:toni.smith@necalaska.org)**

Dear Bering Straits Native Corporation/Sitnasuak, Inc.

I hereby authorize the **Nome Eskimo Community (NEC) Tribal Services Program** to obtain information from the following, but not limited to: employers, employment agencies, landlords, and any agency I am engaged within the capacity of income and/or expenses. I understand that this information will be used solely for the administration of the NEC Tribal Services Program to provide services according to my application or case plan. I understand that copies of this authorization will be valid for one year after the signature date.

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Record of Native Corporation Dividends for the following individual(s) for the current year is requested:**

Date Dispersed	Name on check	Amount

\_\_\_\_\_  
 Completed by

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date



**Nome Eskimo Community  
Tribal Services Program  
WORK SEARCH/WORK RELATED ACTIVITY SHEET**

**APPLICANT: AT LEAST (4) FOUR JOB SEARCH OR JOB RELATED ACTIVIES MUST BE TURNED IN TO START THE PROCESS OF THE APPLICATION.** If approved, you must complete (8) eight more job searches within the month you qualified for.

**Employer:** Please complete the form below for the applicant who is pursuing employment with your organization or business

Applicants Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Work Search #1**

Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Employer or Business Name: \_\_\_\_\_

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Employer/Supervisor Signature Employer/Supervisor printed Name

**Comments:** \_\_\_\_\_

**Work Search #2**

Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Employer or Business Name: \_\_\_\_\_

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Employer/Supervisor Signature Employer/Supervisor printed Name

**Comments:** \_\_\_\_\_

**Work Search #3**

Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Employer or Business Name: \_\_\_\_\_

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Employer/Supervisor Signature Employer/Supervisor printed Name

**Comments:** \_\_\_\_\_

**Work Search #4**

Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Employer or Business Name: \_\_\_\_\_

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Employer/Supervisor Signature Employer/Supervisor printed Name

**Comments:** \_\_\_\_\_

**Work Search #5**

Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Employer or Business Name: \_\_\_\_\_

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Employer/Supervisor Signature

\_\_\_\_\_  
Employer/Supervisor printed Name

**Comments:** \_\_\_\_\_

**Work Search #6**

Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Employer or Business Name: \_\_\_\_\_

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Employer/Supervisor Signature

\_\_\_\_\_  
Employer/Supervisor printed Name

**Comments:** \_\_\_\_\_

**Work Search #7**

Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ contact # \_\_\_\_\_  
Employer or Business Name: \_\_\_\_\_

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Employer/Supervisor Signature

\_\_\_\_\_  
Employer/Supervisor printed Name

**Comments:** \_\_\_\_\_

**Work Search #8**

Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Employer or Business Name: \_\_\_\_\_

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Employer/Supervisor Signature

\_\_\_\_\_  
Employer/Supervisor printed Name

**Comments:** \_\_\_\_\_

**Work Search #9**

Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Contact #: \_\_\_\_\_

Employer or Business Name: \_\_\_\_\_

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Employer/Supervisor Signature  
**Comments:** \_\_\_\_\_

\_\_\_\_\_  
Employer/Supervisor printed Name

**Work Search #10**

Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Contact #: \_\_\_\_\_

Employer or Business Name: \_\_\_\_\_

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Employer/Supervisor Signature  
**Comments:** \_\_\_\_\_

\_\_\_\_\_  
Employer/Supervisor printed Name

**Work Search #11**

Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Contact: \_\_\_\_\_

Employer or Business Name: \_\_\_\_\_

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Employer/Supervisor Signature  
**Comments:** \_\_\_\_\_

\_\_\_\_\_  
Employer/Supervisor printed Name

**Work Search #12**

Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Contact #: \_\_\_\_\_

Employer or Business Name: \_\_\_\_\_

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Employer/Supervisor Signature  
**Comments:** \_\_\_\_\_

\_\_\_\_\_  
Employer/Supervisor printed Name