

EMPLOYMENT REFERRAL FORM

YAVAPAI-APACHE NATION
Tribal Assistance Program
2400 W. Datsi Street

To Whom It May Concern:

The Tribal Assistance Program is providing services to the below referenced client & household. One of our client's eligibility requirements is to actively seek available employment. Would you please assist by answering the questions 10 thru 17? **It is the client's responsibility to return Employment Referral Form along with copy of Employment Application.** The Tribal Assistance Program appreciates your help in the completion of this form. If you have any questions, please feel free to contact the Tribal Assistance Program.

1. NAME OF CLIENT (<i>Last Name, First Name, Middle Name</i>)		2. SEX	3. BIRTHDATE	4. ENROLLMENT NO.
5. MAILING ADDRESS				
6. PHYSICAL ADDRESS				
7. TRIBE	8. RESERVATION		9. ADDITIONAL IDENTIFICATION	

POSITION 1 POSITION 1 POSITION 1 POSITION 1 POSITION 1 POSITION 1 POSITION 1 POSITION 1 POSITION 1 POSITION 1

10. INFORMATION REQUESTED: <input type="checkbox"/> Yes <input type="checkbox"/> No Did client apply for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Is employment available? <input type="checkbox"/> Yes <input type="checkbox"/> No Has client refused employment? Please list the position client has applied for: _____ Please list closing date for position: _____ Please list anticipated interview date for position: _____		
11. PLEASE NOTE ADDITIONAL INFORMATION IF NECESSARY: _____ _____		
12. NAME OF ORGANIZATION/BUSINESS	13. TELEPHONE NUMBER	
14. PHYSICAL ADDRESS OF ORGANIZATION/BUSINESS _____ _____		
15. NAME & TITLE OF PERSON COMPLETING THIS FORM	16. SIGNATURE	17. DATE

POSITION 2 POSITION 2 POSITION 2 POSITION 2 POSITION 2 POSITION 2 POSITION 2 POSITION 2 POSITION 2 POSITION 2

10. INFORMATION REQUESTED: <input type="checkbox"/> Yes <input type="checkbox"/> No Did client apply for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Is employment available? <input type="checkbox"/> Yes <input type="checkbox"/> No Has client refused employment? Please list the position client has applied for: _____ Please list closing date for position: _____ Please list anticipated interview date for position: _____		
11. PLEASE NOTE ADDITIONAL INFORMATION IF NECESSARY: _____ _____		
12. NAME OF ORGANIZATION/BUSINESS	13. TELEPHONE NUMBER	
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