

**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	

<p>10. INFORMATION REQUESTED:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Did client apply for employment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Is employment available?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Has client refused employment?</p> <p style="text-align: right;">Please list the position client has applied for: _____</p> <p style="text-align: right;">Please list closing date for position: _____</p> <p style="text-align: right;">Please list anticipated interview date for position: _____</p>	POSITION 1
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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

<p>10. INFORMATION REQUESTED:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Did client apply for employment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Is employment available?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Has client refused employment?</p> <p style="text-align: right;">Please list the position client has applied for: _____</p> <p style="text-align: right;">Please list closing date for position: _____</p> <p style="text-align: right;">Please list anticipated interview date for position: _____</p>	POSITION 2
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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

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