



Petersburg Indian Association

Name of Applicant: _____

SSN:***/**/ _____ DOB: _____

Applicant:

Please read carefully. Ask your General Assistance Case Worker to clarify if you do not understand these requirements.

1. All employable adults in your household are required to apply for a minimum of twelve (12) different jobs for the month that you have applied for Welfare Assistance.
2. You must complete six (6) work searches within two weeks from the date of your application.
3. The remaining six (6) work searches must be completed before the end of the month in which you applied.
4. Actively looking for work is one of the goals in your Individual Self-Sufficiency Plan (ISP).
5. Take the Work Search form to various businesses and submit an application for employment. The potential employer must sign and date the Work Search form which verifies that you have applied for work. Return the Search forms to the General Assistance Worker.
6. You may also show proof that you are actively participating in work related activities such as obtaining a GED; doing consistent volunteer work; working with Job Service to develop your resume (work history). Provide proof to your General Assistance Case Worker of these activities within two weeks of the date of your application. The proof is a document from the place where you are doing these work-related activities.

Date of your Application: _____

First 6 worksheets due: _____

Last 6 worksheets due: _____

If you do not complete the work searches, you will not receive GA.

Name of Applicant: _____

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

WORK SEARCH/WORK RELATED ACTIVITY #1					
Date:		Job Title/Work Activity:			
Employer or Business Phone #:			Employer or Business Name:		
Employer or Business Address:					
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 Interviewd for Job	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did Applicant Reefuse Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer/Supervisor Signature:			Printed Name:		
COMMENTS:					

WORK SEARCH/WORK RELATED ACTIVITY #2					
Date:		Job Title/Work Activity:			
Employer or Business Phone #:			Employer or Business Name:		
Employer or Business Address:					
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 Interviewd for Job	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did Applicant Reefuse Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer/Supervisor Signature:			Printed Name:		
COMMENTS:					

WORK SEARCH/WORK RELATED ACTIVITY #3					
Date:		Job Title/Work Activity:			
Employer or Business Phone #:			Employer or Business Name:		
Employer or Business Address:					
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 Interviewd for Job	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did Applicant Reefuse Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer/Supervisor Signature:			Printed Name:		
COMMENTS:					

Name of Applicant: _____

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

WORK SEARCH/WORK RELATED ACTIVITY #4					
Date:		Job Title/Work Activity:			
Employer or Business Phone #:			Employer or Business Name:		
Employer or Business Address:					
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 Interviewd for Job	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did Applicant Reefuse Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer/Supervisor Signature:			Printed Name:		
COMMENTS:					

WORK SEARCH/WORK RELATED ACTIVITY #5					
Date:		Job Title/Work Activity:			
Employer or Business Phone #:			Employer or Business Name:		
Employer or Business Address:					
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 Interviewd for Job	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did Applicant Reefuse Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer/Supervisor Signature:			Printed Name:		
COMMENTS:					

WORK SEARCH/WORK RELATED ACTIVITY #6					
Date:		Job Title/Work Activity:			
Employer or Business Phone #:			Employer or Business Name:		
Employer or Business Address:					
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 Interviewd for Job	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did Applicant Reefuse Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer/Supervisor Signature:			Printed Name:		
COMMENTS:					