



Nome Eskimo Community  
 Box 1090  
 Nome, Alaska 99762  
 Phone (907)443-2246  
 Fax (907)443-3539  
 www.necalaska.org



### TRIBAL SERVICES INTAKE QUESTIONNAIRE

Please tell us what you are applying for. *(Check One)*

General Assistance

Direct Employment

#### Important Notice – PLEASE READ

- ✓ Must be a resident of Nome Service Area for a minimum of *one year*.
- ✓ If enrolled with King Island, Council, or Solomon, you must apply at *Kawerak, Inc. for services*.
- ✓ Nome Eskimo Community (NEC) follows strict guidelines set by state and federal agencies which states that applicants must *apply concurrently with the State Public Assistance*.
- ✓ You will be required to show proof of *any and all income and expenses claimed*.

#### Identification/Contact Information

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

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

P.O. Box \_\_\_\_\_ Nome, AK 99762 Phone: \_\_\_\_\_

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

Spouse/girlfriend/boyfriend name: \_\_\_\_\_

Which tribe is spouse/girlfriend/boyfriend enrolled with: \_\_\_\_\_

#### Household Information

Number of dependents living with you: \_\_\_\_\_ Number of adults included: \_\_\_\_\_

Have you applied for or are receiving the following:  ATAP/TANF  Food Stamps

Unemployment Insurance  Social Security Income (SSI)  Social Security Disability (SSD)

Is anyone in your household disabled?  Yes  No

If yes, please explain: \_\_\_\_\_

#### Employment Information

Are you employed?  Yes  No Employer: \_\_\_\_\_

If no, explain: \_\_\_\_\_

Are you registered at Job Service?  Yes  No

Is spouse working?  Yea  No Employer: \_\_\_\_\_

If no, explain: \_\_\_\_\_

\_\_\_\_\_  
 NEC Staff Signature:

\_\_\_\_\_  
 Date:



**Nome Eskimo Community  
General Assistance Application**

**Welfare Assistance**                       **Direct Employment**

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

**\*\*MUST SUBMIT COPIES OF TRIBAL ENROLLMENT FOR EVERYONE ON APPLICATION**

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 PEOPLE living in your House/Apartment**

Enter an asterisk (\*) in the box at the left of the name for each person **NOT INCLUDED** in this  
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 household 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	NAME OF HOUSEHOLD MEMBER	MONTHLY /WKLY INCOME
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/Native Dividends		
Cash out of Retirement or Pension Plans		
State Longevity		
Veteran's Benefit		
Unemployment Insurance Benefits		
Workers Compensation		
Savings/Checking Account		
other		
<b>TOTAL MONTHLY INCOME</b>		

\_\_\_\_\_  
 Applicant's signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Co-Applicant's 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				
other				
TOTAL MONTHLY EXPENSE				

**\*\*\*Bring in a copy of your full monthly bank statement for the last 2 months\*\*\***

Name of Bank or Financial Institution	Type of Account	Name on Account	Balance Available
	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  
Tribal Services Program

Date

Co-Applicants Signature

Date

Phone (907) 443-2246, Fax (907) 443-9144

revised: February 2020

# 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**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

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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**  
**Phone: (907) 443-2246 Fax: (907) 443-9144**  
**E-mail: [Information@NECALaska.org](mailto:Information@NECALaska.org)**

When did or can the tenant move into the apartment? \_\_\_\_\_  
Deposit Amount: \$ \_\_\_\_\_ Monthly Rent Amount: \$ \_\_\_\_\_ Due Date: \_\_\_\_\_  
Month payment made: \_\_\_\_\_ Amount paid: \$ \_\_\_\_\_ Amount due: \$ \_\_\_\_\_  
Does rent include Fuel?  Yes  No Does rent include Electric?  Yes  No  
Are tenants behind on rent?  Yes  No If yes, amount and what months: \_\_\_\_\_

**LANDLORD/PAYMENT ADDRESS: (What's on your Tax ID #)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature of Landlord or Rental Office	Date
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**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:

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

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

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

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

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

Has the applicant applied for Food Stamps?     Yes     No    If yes; how much will/do they receive? \_\_\_\_\_  
**If pending, what is the interview date?** \_\_\_\_\_

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

**Nome Eskimo Community  
Tribal Services Program  
PO Box 1090  
Nome, Alaska 99762  
Phone (907) 443-2246 FAX (907) 443-9144  
Email: [Information@NECALaska.org](mailto:Information@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 Disbursed	Name on check	Amount

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Nome Eskimo Community  
Tribal Services Program**

**WORK SEARCH/WORK RELATED ACTIVITY SHEET**

**(4) JOB SEARCHES MUST BE TURNED IN BEFORE ANY SERVICES WILL BE GIVEN IF THE CLIENT QUALIFIES**

**(4) JOB SEARCHES PER WEEK FOR A TOTAL OF (12) TWELVE SEARCHES MUST BE TURNED IN WITHIN THAT MONTH.**

If you are approved, you must apply for a minimum of (3) three different jobs per week OR be actively participating in (3) three separate work-related activities per week as required to continue to be eligible for services.

**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 SEARCHES/WORK RELATED ACTIVIES SHEET

### 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: \_\_\_\_\_

## WORKSEACHER/WORK RELATED ACTIVITIES SHEET

### 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

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

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

### 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

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

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

### 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

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

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

### 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

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

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