



Lower Elwha Klallam Tribe
TANF/GA PROGRAM • JOB SEARCH FORM
3080 Lower Elwha Road, Port Angeles, WA 98363
Phone: 360.565.7257 • Fax: 360.457.8429

JOB SEARCH FOR THE MONTH AND YEAR OF _____

1. At the Request of _____ we verify that he/she did make application for employment:

Certifying Official _____ Date _____

Company Name _____ Phone Number _____

Address: _____

City: _____ State: _____ Zip _____

Hours: _____

2. At the Request of _____ we verify that he/she did make application for employment:

Certifying Official _____ Date _____

Company Name _____ Phone Number _____

Address: _____

City: _____ State: _____ Zip _____

Hours: _____

3. At the Request of _____ we verify that he/she did make application for employment:

Certifying Official _____ Date _____

Company Name _____ Phone Number _____

Address: _____

City: _____ State: _____ Zip _____

Hours: _____

4. At the Request of _____ we verify that he/she did make application for employment:

Certifying Official _____ Date _____

Company Name _____ Phone Number _____

Address: _____

City: _____ State: _____ Zip _____

Hours: _____

5. At the Request of _____ we verify that he/she did make application for employment:

Certifying Official _____ Date _____

Company Name _____ Phone Number _____

Address: _____

City: _____ State: _____ Zip _____

Hours: _____

6. At the Request of _____ we verify that he/she did make application for employment:

Certifying Official _____ Date _____

Company Name _____ Phone Number _____

Address: _____

City: _____ State: _____ Zip _____

Hours: _____

This form is to be signed by a person who is Authorized to Hire you are required by the TANF/GA program to show that you are actively seeking work. Return this job search form to our office every month in order to verify your job seeking or risk sanctioning of your grant or closing of your case.