



CHIPPEWA CREE TRIBAL TANF PROGRAM

<input type="checkbox"/> CCT TANF Program 96 Clinic Road North Box Elder, MT 59521 Phone (406)395-5814 Fax (406)395-5847	<input type="checkbox"/> Box Elder Satellite Office BE Family Resource Center Box Elder, MT 59521 Phone (406) 352-3271 Fax (406)352-4695	<input type="checkbox"/> Havre Satellite Office 109 W. 2 nd Street Havre, MT 59501 Phone (406)265-6021 Fax (406)265-6059
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EMPLOYMENT VERIFICATION

Employee Name		
Employer /Company Name		Employer Address
Supervisor Name		Supervisor Title
Dates of Employment		Position Held
Employment Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Varied Schedule <input type="checkbox"/> Lay Off <input type="checkbox"/> Termination <input type="checkbox"/> Permanent		
Work Schedule (please include hours) <input type="checkbox"/> Monday _____ <input type="checkbox"/> Tuesday _____ <input type="checkbox"/> Wednesday _____ <input type="checkbox"/> Thursday _____ <input type="checkbox"/> Friday _____ <input type="checkbox"/> Saturday _____ <input type="checkbox"/> Sunday _____		
Duties		
Start Salary		End Salary
Reason for Leaving (please include last day of Employment)		
Attendance <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor		Overall Performance <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor
Required Clothing /Supplies (please be specific)		
Additional Comments		

EMPLOYER VERIFICATION ONLY

The above information has been verified and provided by the below authority and is true, accurate and provided solely in response to inquiries which are of legitimate business interest to all parties.

Employer or Official Verifying Information /Title	Phone (please include extension)
Headquarter Address	City, State and Zip Code

 Official Signature Date