



THE NAVAJO NATION
DEPARTMENT FOR SELF RELIANCE
DIVISION OF SOCIAL SERVICES

Employment Search

CUSTOMER NAME	CIF#
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This form is used to document Good Faith Effort in seeking employment. A record of employer contacts must be listed and the “Contact Person” must print and sign his/her name in the space provided. If not signed by a business/employer “Contact Person,” attach verification of contact to form. Verification includes: copies of newspaper ad, copies of resumes submitted to employers, test score results, etc. **INFORMATION PROVIDED IS SUBJECT TO VERIFICATION BY THE NN DEPARTMENT FOR SELF RELIANCE.** Give this form to your assigned Senior Caseworker/Principal Caseworker at your next review.

In the “TYPE OF CONTACT” space, enter one of the following codes: **I** = Interview Held **A**= Application/Resume Submitted **T**= Test Taken **O** = Other

DATE OF CONTACT	TYPE OF CONTACT	NAME OF BUSINESS/EMPLOYER CONTACTED	BUSINESS/EMPLOYER’S ADDRESS <i>(No., Street, City, State, ZIP)</i>	PHONE NO.	POSITION APPLIED FOR	PRINT CONTACT PERSON’S NAME CONTACT PERSON’S SIGNATURE