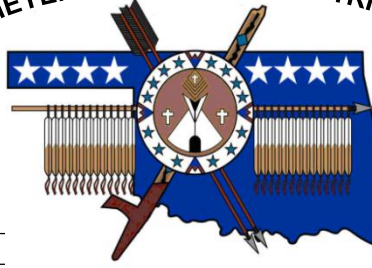


**Department  
of  
Labor**

P.O. Box 67, Concho, OK 73022

**CHEYENNE AND ARAPAHO TRIBES**



*DREAMS Program  
Kathleen Tall Bear, Director  
1.800.247.4612. x.27564  
Office (405) 422-7564  
ktallbear@cheyenneandarapaho-nsn.gov*

**30-DAY EMPLOYMENT VERIFICATION FORM**

EMPLOYEE NAME: \_\_\_\_\_

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

I hereby authorize my employer to release requested information in order to determine my current employment status for Cheyenne and Arapaho Tribes DREAMS Program Services after 30 working days.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY EMPLOYER ONLY**

*Please complete and forward to DREAMS office via e-mail or mail.*

**DREAMS Program, P.O. Box 67, Concho, OK, 73022**

NAME OF COMPANY: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMPLOYEE JOB TITLE: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_

DATE OF 30<sup>TH</sup> WORKING DAY \_\_\_\_\_  Remains Employed  Resigned  Terminated

**Please complete Employee Evaluation**

Employee Attendance:  Very Satisfied  Satisfied  Unsatisfied  Very Unsatisfied

Employee Productivity:  Very Satisfied  Satisfied  Unsatisfied  Very Unsatisfied

Employee Professionalism:  Very Satisfied  Satisfied  Unsatisfied  Very Unsatisfied

Employee Job Knowledge:  Very Satisfied  Satisfied  Unsatisfied  Very Unsatisfied

Possibility of Job Retention:  Very Likely  Likely  Unlikely  Very Unlikely

\_\_\_\_\_  
AUTHORIZED EMPLOYER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT AUTHORIZED EMPLOYER'S NAME & TITLE

Received: \_\_\_\_\_ 20\_\_\_\_ DREAMS Staff Initials: \_\_\_\_\_ Notes: \_\_\_\_\_