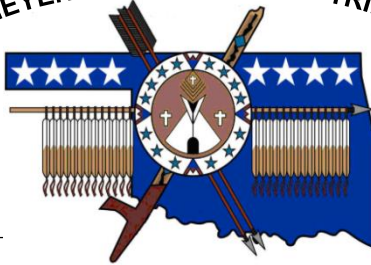


**Department
of
Labor**

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@cheyenneandrapaho-nsn.gov*

EMPLOYMENT VERIFICATION FORM

EMPLOYEE NAME: _____

SS#: _____

I hereby authorize my employer to release requested information in order to determine my eligibility for Cheyenne and Arapaho Tribes DREAMS Program Services.

Employee Signature

Date

TO BE COMPLETED BY EMPLOYER ONLY

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

TELEPHONE NUMBER: _____

EMPLOYEE JOB TITLE: _____

DATE OF HIRE: _____

HOURLY WAGE: _____

DATE OF 1st PAYCHECK: _____

SUPERVISOR NAME: _____

WORK HOURS PER WEEK: _____ () Full-time () Part-time () Permanent

BRIEF JOB DESCRIPTION: _____

AUTHORIZED EMPLOYER'S SIGNATURE

DATE

PRINT AUTHORIZED EMPLOYER'S NAME & TITLE

Employment verified on _____ by speaking to _____ (name & title) on the phone, who confirmed employment () is / is not () full-time and () is / is not () a permanent position.

Time: _____ DREAMS Staff Initials: Notes: _____