



Lower Elwha Klallam TANF/GA PROGRAMS JOB SEARCH FORM

3080 Lower Elwha Rd
Port Angeles, WA. 98363
(360) 452-8471 x. 200 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:

Date: _____ Certifying Official _____
Phone Number: _____ Company Name _____
Address: _____
Hours _____ City/State/Zip _____

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

Date: _____ Certifying Official _____
Phone Number: _____ Company Name _____
Address: _____
Hours _____ City/State/Zip _____

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

Date: _____ Certifying Official _____
Phone Number _____ Company Name: _____
Address: _____
Hours _____ City/State/Zip _____

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

Date: _____ Cetifying Official _____
Phone Number _____ Company Name: _____
Address: _____
Hours _____ City/State/Zip _____

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.