



Gina Cardamone
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Memories Start Here

Job Search/Employment Verification

Name: _____ Date: _____

IN PERSON

Date: _____ Time: _____

Company:

Address:

Position I applied for

Person I spoke with _____ Phone _____

Results: (circle one) Applied Interviewed Not Hiring

Date: _____ Time: _____

Company:

Address:

Position I applied for

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Person I spoke with _____ Phone _____
Results: (circle one) Applied Interviewed Not Hiring

ONLINE

Date _____ Time _____

Company

Address

Position I applied for

Website/Agency where you applied:

Provide confirmation of application (e.g. screenshot)

Date _____ Time _____

Company

Address

Position I applied for

Website/Agency where you applied:

Provide confirmation of application (e.g. screenshot)

Date _____ Time _____

Company

Address

Position I applied for

Website/Agency where you applied:

Provide confirmation of application (e.g. screenshot)

Date _____ Time _____
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Website/Agency where you applied:

Provide confirmation of application (e.g. screenshot)

I hereby swear and affirm that the information I provided on this form is true, correct, and complete, and that I have not knowingly withheld any information. I understand that the GA Administrator has the right to verify any information necessary to determine my eligibility and hereby give my consent. I understand if I refuse to give my consent it may result in my not being eligible to receive assistance. Any person who knowingly or willfully makes any written or oral false statement of a material fact to the administrator for the purpose of causing himself/herself to be granted assistance may be ineligible for assistance up to 120 days and may be prosecuted for committing a class D crime. I understand that failure to complete this job search assignment will result in my disqualification from the General Assistance program.

Signature _____

Date _____