



HOOPA VALLEY TRIBAL TANF PROGRAM
 PO Box 728, Hoopa, California 95546
 530-625-4816 phone/530-625-4826 fax

Employment Verification

Date: _____

Employee Name: _____

Phone# _____

Address: _____

CIF# _____

The person named above is currently receiving services or is requesting services from the Hoopa Valley Tribal TANF Program. Please verify the employment information provided below and return this form to the Hoopa Valley Tribal TANF Program at the address listed above or fax to 530-625-4826. Should you have any questions regarding this verification request please call us at 530-625-4816.

Sincerely,

TANF Staff Signature/Print Name

Employer: _____ Phone number: _____

Address: _____

Job Title: _____

Date of Hire: _____

Starting Wage per Hour \$ _____

Hours per Week: _____

Are there any job related tools, clothing, or fees required? If so, please list. _____

Is person still employed? Yes _____ No _____ If no, last day worked? _____

I hereby certify that I am authorized to sign this form and certify the above information is true, complete and accurate.

 Employer Signature

 Date

 Print Name and Title