



Kawerak, Inc. Education, Employment & Supportive Services Division
Tribal Welfare Assistance Department – 110 East Front Street, Suite 201
P.O. Box 948, Nome, AK 99762 ♦ Toll Free: 1-800-478-5230 ♦ Phone: 907-443-4370 or 907-443-4367
Fax: 907-308-6934 ♦ Email: welfare@kawerak.org ♦ Website: www.kawerak.org

Work Search Form

This form must be completed each month by General Assistance applicants who are able to work.

General Assistance applicant(s): Please bring this form to employers and apply for jobs. Have the employer complete the information below verifying you have applied for a job. If you need more Work Search Forms, please visit our webpage <https://kawerak.org/supportive-services/welfare-assistance/#>, your local Tribal Office, or contact us at the numbers listed above. If your spouse is applying on the same General Assistance application because they meet tribal enrollment and residency requirements, your spouse must complete this form separately.

Employer or Agency Staff: Please complete the work search information below for this applicant who is pursuing employment.

Applicant Name: _____ This work search is for the month of: _____

Work Search #1 – This section must be completed by an employer or agency staff member.

Date:	Employer or Agency Phone:	Job Title:
Employer or Agency Name and Address:		Employer Signature / Printed Name: /

Did you receive a completed application? Yes No Was this applicant interviewed? Yes No N/A
Did you receive a résumé? Yes No N/A Was this applicant offered employment? Yes No N/A

Comments:

Work Search #2 – This section must be completed by an employer or agency staff member.

Date:	Employer or Agency Phone:	Job Title:
Employer or Agency Name and Address:		Employer Signature / Printed Name: /

Did you receive a completed application? Yes No Was this applicant interviewed? Yes No N/A
Did you receive a résumé? Yes No N/A Was this applicant offered employment? Yes No N/A

Comments:

Work Search #3 – This section must be completed by an employer or agency staff member.

Date:	Employer or Agency Phone:	Job Title:
Employer or Agency Name and Address:		Employer Signature / Printed Name: /

Did you receive a completed application? Yes No Was this applicant interviewed? Yes No N/A
Did you receive a résumé? Yes No N/A Was this applicant offered employment? Yes No N/A

Comments: