



**EMPLOYMENT VERIFICATION FORM**  
**DIRECT EMPLOYMENT ASSISTANCE/SUPPORTIVE SERVICES**  
**NINETY (90) DAYS OF CONTINUED EMPLOYMENT**

Please complete and send to the DREAMS Program by e-mail: [dreamsgroup@cheyenneandrapaho-nsn.gov](mailto:dreamsgroup@cheyenneandrapaho-nsn.gov)  
OR mail to P.O. BOX 67, Concho, OK 73022 OR Fax 405-422-8243

**TO BE COMPLETED BY EMPLOYEE/APPLICANT**

Direct Employment Assistance is designed to assist before the first paycheck. Supportive Services is designed to assist with uniforms, footwear, and personal protective wear required for employment.

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

CDIB#: \_\_\_\_\_ SSN#: \_\_\_\_\_

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

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY THE EMPLOYER OF THE EMPLOYEE/APPLICANT**

Employment services is designed to assist the participant in overcoming barriers to employment.

EMPLOYER/COMPANYNAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_

SUPERVISOR CONTACT NUMBER: \_\_\_\_\_

SUPERVISOR EMAIL: \_\_\_\_\_

EMPLOYEE JOB TITLE: \_\_\_\_\_

HIRE DATE: \_\_\_\_\_ 90<sup>TH</sup> DAY: \_\_\_\_\_ HOURLY WAGE: \_\_\_\_\_ HRS PER WEEK: \_\_\_\_\_

EMPLOYEE STATUS: ☐ FULL-TIME **OR** ☐ PART-TIME **AND** ☐ PERMANENT **OR** ☐ CONTRACT/TEMP

☐ Remains Employed ☐ Resigned/Quit ☐ Terminated ☐ Reduction In Force/Lay Off

EVALUATION	EXCELLENT	GOOD	SATISFACTORY	FAIR	UNSATISFACTORY
INDIVIDUAL TASKS ASSIGNMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEAM WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I hereby certify that, to the best of my knowledge, the provided information is true and accurate.**

\_\_\_\_\_  
EMPLOYER/SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE

**OFFICE USE ONLY**

Date Verified: \_\_\_\_\_ Time Verified: \_\_\_\_\_ ☐ FULL-TIME ☐ PART-TIME ☐ PERMANENT ☐ CONTRACT

Verified with Employer Name/Title: \_\_\_\_\_

DREAMS Staff Signature: \_\_\_\_\_

☐ APPROVED / ☐ DENIED by \_\_\_\_\_ Date: \_\_\_\_\_

Fund: \_\_\_\_\_ Amount: \_\_\_\_\_ Service Manager / Director

Notes: \_\_\_\_\_