

JAYSON COMBS
SUGAR CREEK TOWNSHIP
TRUSTEE
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New Palestine, IN 46163
Phone: 317.861.6148 Fax: 317.861.0415

CLIENTS NAME: _____ DATE: _____
.....

1. EMPLOYER:
BUSINESS NAME _____

ADDRESS: _____

PHONE# _____ DATE: _____

DID CLIENT ASK FOR APPLICATION? YES OR NO
WAS THE APPLICATION COMPLETED AND RETURNED? YES OR NO
WAS A JOB OFFERED TO THE APPLICANT? YES OR NO

SIGNATURE _____ TITLE _____

2. EMPLOYER:
BUSINESS NAME _____

ADDRESS: _____

PHONE# _____ DATE: _____

DID CLIENT ASK FOR APPLICATION? YES OR NO
WAS THE APPLICATION COMPLETED AND RETURNED? YES OR NO
WAS A JOB OFFERED TO THE APPLICANT? YES OR NO

SIGNATURE _____ TITLE _____
.....

3. EMPLOYER:
BUSINESS NAME _____

ADDRESS: _____

PHONE# _____ DATE: _____

DID CLIENT ASK FOR APPLICATION? YES OR NO
WAS THE APPLICATION COMPLETED AND RETURNED? YES OR NO
WAS A JOB OFFERED TO THE APPLICANT? YES OR NO

SIGNATURE _____ TITLE _____

YOU MUST HAVE THIS FORM COMPLETED FOR EVERY ADULT NOT WORKING IN THE HOUSEHOLD.