



City Of Biddeford

General Assistance

205 Main Street, Biddeford ME 04005

Phone: (207) 284-9514 Fax: (207) 571-0675

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

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Address _____
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Address _____
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Results: (circle one) Applied Interviewed Not Hiring

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Person I spoke with _____ Phone _____
Results: (circle one) Applied Interviewed Not Hiring

ONLINE

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Agency where you applied _____
Agency Representative's signature and printed name _____
OR provide conformation page

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Agency where you applied _____
Agency Representative's signature and printed name _____
OR provide conformation page

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Agency where you applied _____
Agency Representative's signature and printed name _____
OR provide conformation page

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Agency where you applied _____
Agency Representative's signature and printed name _____
OR provide conformation page

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Agency where you applied _____
Agency Representative's signature and printed name _____
OR provide conformation page

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Agency where you applied _____
Agency Representative's signature and printed name _____
OR provide conformation page

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Agency where you applied _____
Agency Representative's signature and printed name _____
OR provide conformation page

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Agency where you applied _____
Agency Representative's signature and printed name _____
OR provide conformation page

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 _____