



Return to:
Vocational Development
Employment Assistance Program
PO Box 1210
Durant, OK 74702

TO BE FILLED OUT BY NEW EMPLOYER

Employer Name _____
Employer Address _____
Employer Phone Number _____
Employer Contact _____
Job Duties _____
Job Title _____
Hourly Wage _____ Hours Worked Per Week _____
Paid (Circle One) Weekly Biweekly Monthly
Date of 1st full 40-hour paycheck _____

To be signed and dated by new employee

I, _____, do hereby authorize the release of information regarding my employment from my employer to the Choctaw Nation of Oklahoma Vocational Development Employment Assistance Program.

Signature

Date

Social Security Number