

# Work Search

WARREN TOWNSHIP  
of MARION COUNTY  
Vernon A. Brown, Trustee



### Client Instructions:

Each section of this form is to be completed by a representative of the company you are seeking employment with. Please ensure the form is completed properly and returned to the trustee's office by the "Due back" date listed below.

### Employer Instructions:

The individual below has applied for township assistance with this trustee. Please complete the information below.

Indiana law (IC§ 12-20-10-1) states that if a township assistance applicant and/or other adult family member is/are in good health, the trustee shall require the applicant or family member to seek employment. The township shall refuse any township relief until the township is satisfied the applicant or family member(s) is/are endeavoring to find work. Employers must be contacted weekly. Current medical proof must be on file to exempt a client from a work search. It is the applicant's responsibility to have the work search form properly completed and returned to the trustee's office.

To meet the above requirements, you must have the following search completed by \_\_\_\_\_ prospective employers and return on the date shown.

Client: \_\_\_\_\_ Date: \_\_\_\_\_ Due back: \_\_\_\_\_

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Employer Contacted: \_\_\_\_\_ Address: \_\_\_\_\_  
Date Contacted: \_\_\_\_\_ Was an application made? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was he/she hired? Yes \_\_\_\_\_ No \_\_\_\_\_ Type of work applied for: \_\_\_\_\_  
Signature of Personnel Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\*  
Employer Contacted: \_\_\_\_\_ Address: \_\_\_\_\_  
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Was he/she hired? Yes \_\_\_\_\_ No \_\_\_\_\_ Type of work applied for: \_\_\_\_\_  
Signature of Personnel Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

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Was he/she hired? Yes \_\_\_\_\_ No \_\_\_\_\_ Type of work applied for: \_\_\_\_\_  
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Was he/she hired? Yes \_\_\_\_\_ No \_\_\_\_\_ Type of work applied for: \_\_\_\_\_  
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Was he/she hired? Yes \_\_\_\_\_ No \_\_\_\_\_ Type of work applied for: \_\_\_\_\_  
Signature of Personnel Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

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**If you have any questions regarding this form, please contact the trustee's office at:** 501 N. Post Road, Suite A  
Indianapolis, IN 46219  
*At all times, the trustee's office will determine eligibility for assistance without regard to race, source of income, creed, gender, handicap status, national origin, marital status, political beliefs, sexual orientation or any other arbitrary condition that operates to defeat the broad statutory purpose of providing assistance to eligible individuals and families.* p 317.327.8947  
f 317.327.8948

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