

**Interview Verification Form
For Job Search Allowances**
Division of Career Services

CLIENT:

Please verify lines 1 through 4, then bring this form to your interview(s). Submit completed original to: Trade Unit, DCS, 19 Staniford Street, PO Box 8370, Boston, MA 02114.

PLEASE PRINT.

1. Client Name: _____

2. Address/C/S/Zip: _____

3. MOSES ID #: _____ **4. Petition #** _____

Dear Prospective Employer:

This candidate is a participant in the Trade Adjustment Assistance Program. In order for him/her to receive benefits, his/her job interview must be verified. Please complete the information below.
Thank you.

COMPANY Name, Address & Phone	DATE (S) OF INTERVIEW(S)	CONTACT PERSON (who may verify interview)	RESULTS (if known)

() _____			

I certify that the individual named above was interviewed on the above date(s).

Company Contact Signature

Date

Typed Name and Title

If you have any questions, please feel free to contact the Trade Unit at (617) 626-6007.