

**ARCHDIOCESE OF BOSTON - TRANSITION ASSISTANCE PROGRAM
AFFIDAVIT OF EMPLOYMENT STATUS AND JOB SEARCH ACTIVITY**

***Please make copies of this form for future use.**

Name _____ Telephone (____) _____

Former Place of Employment _____

During the past two (2) weeks, I have applied for employment with:

1. Name of Organization: _____
Address: _____
City, State, Zip: _____
Telephone: (____) _____ Contact Person: _____
Position Applied For: _____
Date of Application: _____
Outcome of Application: _____

Method of Application: ___ Resume Sent ___ In-Person Application ___ Interview

2. Name of Organization: _____
Address: _____
City, State, Zip: _____
Telephone: (____) _____ Contact Person: _____
Position Applied For: _____
Date of Application: _____
Outcome of Application: _____

Method of Application: ___ Resume Sent ___ In-Person Application ___ Interview

3. Name of Organization: _____
Address: _____
City, State, Zip: _____
Telephone: (____) _____ Contact Person: _____
Position Applied For: _____
Date of Application: _____
Outcome of Application: _____

Method of Application: ___ Resume Sent ___ In-Person Application ___ Interview

CERTIFICATION OF EMPLOYMENT AND PAY STATUS

This affidavit covers the two-week period ending on the Thursday prior to the TAP pay date. Please complete one of the options below.

I certify that I am unemployed, capable of working, available for work, and actively seeking work. I hereby authorize the Archdiocese of Boston to verify my employment search activity.

OR

I certify that during the period covered by this affidavit, I have earned gross wages of \$ _____ working for _____ (name of employer). I understand that on a weekly basis, per the TAP Plan document, any wages earned in excess of 30% of my TAP benefits may be offset against my TAP payments.

Signature: _____

Date: _____

Please complete, sign and return form **by 4pm Thursday of due date to:**

Human Resources, Archdiocese of Boston
66 Brooks Drive
Braintree, MA 02184
Fax: 617-746-5754
hr@rcab.org