

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

(Make copies of this form for future use.)

Please complete, sign and return form by 4p.m. on the due date (refer to TAP Schedule). You may choose to submit Affidavits by:

E-mail: [HR@rcab.org](mailto:HR@rcab.org) Subject: TAP Affidavit or

Fax: (617) 746-5754 or

U.S. Mail: Archdiocese of Boston, TAP-Human Resources, 66 Brooks Drive, Braintree, MA 02184 or

In Person: May be brought to the reception desk at Pastoral Center in Braintree. Attn: HR - TAP

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Search Dates: \_\_\_\_\_ to \_\_\_\_\_ Former place of employment: \_\_\_\_\_

3 job searches required 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  Online submission  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  Online submission  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  Online submission  Interview

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**CERTIFICATION OF EMPLOYMENT AND PAY STATUS**

This affidavit covers the two-week period ending on the Thursday prior to the TAP pay date. Please check all options below that apply to you.

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.

I certify that during the period covered by this affidavit, I have earned gross wages of \$ \_\_\_\_\_ working for \_\_\_\_\_ (Name of employer). I understand, per the TAP Plan document, any wages earned in excess of 1/3 of my bi-weekly TAP benefits may be offset against my TAP payments.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_