



**THE NAVAJO NATION**  
**DIVISION OF SOCIAL SERVICES**

**Navajo Nation Program for Self-Reliance**

P.O. Box 2279 ♦ Window Rock, AZ 86515

Telephone: (928) 810-8553 ♦ Facsimile: (928) 810-8557



**Ben Shelly**  
**PRESIDENT**

**Rex Lee Jim**  
**VICE-PRESIDENT**

DATE:

Organization Name

MAILING ADDRESS

CITY, STATE, ZIP CODE

Dear Sir or Madame:

You are invited to the upcoming Employer Orientation with the Navajo Nation Program for Self-Reliance. As we had been soliciting potential employers within the area, your respective establishment had been mentioned to contact for partnership. We are venturing into new and innovative prospects to generate jobs and develop strong ties with potential employers. In this respect, we would like to become an affiliate with your establishment to move forward in this job creation endeavor for welfare recipients.

Our program promotes the development of social and economic responsibility as well as self-reliance in families with supportive activities. As new services are expanded we are including training sessions which surrounds two areas: 1) Job Search and 2) Job Readiness. These two categories have a number of training sessions which are tailored to the needs of employers to maintain long-term employment with welfare recipients.

In this regard our next Employer Orientation is \_\_\_\_\_ from 10:00 am to 3:00 pm at the \_\_\_\_\_. At this orientation, we are certain that you will find additional benefits for your establishment to take advantage of and find out more information of how your services and our innovation can establish strong partnership.

Please take the time to join us in this exciting creation of partnership and opportunities for community members on welfare to become self-reliant and productive. If for any reason you're unable to attend, please send a representative on your behalf.

Your acceptance of this vital invitation will greatly be appreciated. Please contact me at \_\_\_\_\_, should there be any questions. Attached for your review is an agenda.

Sincerely,

\_\_\_\_\_, Employment Development Specialist  
Navajo Nation Program for Self Reliance  
City, State



## ATTACHMENT E

THE NAVAJO NATION  
Division of Social Services  
Program for Self-Reliance

### Navajo Nation Program for Self-Reliance

## EMPLOYER ORIENTATION

Month / Day, 20\_\_\_\_  
10:00 am – 3:00 pm

### AGENDA

- 1) Sign-in
- 2) Introductions
- 3) Purpose
- 4) What Employers Want
- 5) Goals & Objectives of Navajo Nation Program for Self-Reliance
- 6) Tax Information for Employers
- 7) Employment Agreement Form Process
- 8) Work Participation Time Sheet
- 9) Opportunities from the Employers
- 10) Questions & Answers
- 11) Adjourn