## **JOB SEARCH / VERIFICATION LOG**

	Department of Social/Human Services	Worker Name and District No.:	
Participant/Customer Name	:		

**Type of Contact**: **T**= Telephone **P**= In Person **R**=Resume **A**= Application **I**= Interview **N**= Internet **+ Examples**: not hiring, no openings, pending notification, not accepting applications, will call, interview

•	g, no openings, pending notification, not accepting applications, will call			
Contact Details	Business/Company Information	Results or Follow Up Action+		
Date:	Name/Address:			
Contact Time:hrs min.	Email or Web Address:			
Travel Time:hrs min.	Contact Person's Name/Title:			
Total Hours:	Phone Number:			
Date: Type of Contact*  Job applied for:	Name/Address:			
Contact Time:hrs min.	Email or Web Address:			
Travel Time:hrs min.	Contact Person's Name/Title:			
Total Hours:	Phone Number:			
Date: Type of Contact*				
Job applied for:	Name/Address:			
Contact Time:hrs min.	Email or Web Address:			
Travel Time:hrs min.	Contact Person's Name/Title:			
Total Hours:	Phone Number:			
Date: Type of Contact*	Name/Address:			
Job applied for:	Name/Addiess.			
Contact Time:hrs min.	Email or Web Address:			
Travel Time:hrs min.	Contact Person's Name/Title:			
Total Hours:	Phone Number:			
Date: Type of Contact*	Name/Address:			
Job applied for:	Name/Audiess.			
Contact Time:hrs min.	Email or Web Address:			
Travel Time:hrs min.	Contact Person's Name/Title:			
Total Hours:	Phone Number:			
I,	, certify that the information given above is true and co	rrect. Date:		
(Participant/Customer Signature)				
Caseworker's Signature:	Date:			
<b>3</b> ** * <u></u>		Page of		

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Job applied for:	Name/Audress.	- -
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Travel Time:hrs min.	Contact Person's Name/Title:	-
Total Hours:	Phone Number:	
Date: Type of Contact*		
Job applied for:	Name/Address:	- -
Contact Time:hrs min.	Email or Web Address:	
Travel Time:hrs min.	Contact Person's Name/Title:	-
Total Hours:	Phone Number:	
Date: Type of Contact*	Name/Address:	
Job applied for:	Name/Address:	-
Contact Time:hrs min.	Email or Web Address:	
Travel Time:hrs min.	Contact Person's Name/Title:	-
Total Hours:	Phone Number:	
Date: Type of Contact*	Name/Address:	
Job applied for:		<del>-</del> -
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Job applied for:	Name/Audress.	- -
Contact Time:hrs min.	Email or Web Address:	
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Total Hours:	Phone Number:	_
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Caseworker's Signature:	Data	
Caseworker a Signature.	Date:	Page of

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