## **JOB SEARCH LOG**

	OFFEN	IDER NAME				
	SUPERVISING OFFICER					
The following employment contacts have been made on the dates indicated below. This information is required by my officer to document attempts I have made in obtaining a job. I certify these contacts were nade and understand that my officer may verify these contacts to ensure I am searching diligently for a job.						
Offender Signature/Date						
Date/Time	Name & Address of	Name of Contact	Posult			

Date/Time	Name & Address of Company/Business	Name of Contact Person/Interviewer & Phone Number	Result