

Job Search Log

Participant Name: _____ Case Number: _____ Worker Name: _____ Worker Phone: _____

I agree to meet with my worker and provide this form on: Date: _____ Time: _____ Location: _____

Date	Start Time	End Time	Hours	Employer Name and Address	Phone or Website	Contact Person	Result
							<input type="checkbox"/> Submitted Application <input type="checkbox"/> Interview <input type="checkbox"/> Job Offer <input type="checkbox"/> Other:
							<input type="checkbox"/> Submitted Application <input type="checkbox"/> Interview <input type="checkbox"/> Job Offer <input type="checkbox"/> Other:
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							<input type="checkbox"/> Submitted Application <input type="checkbox"/> Interview <input type="checkbox"/> Job Offer <input type="checkbox"/> Other:
Total Hours:				Report Month:			

If you are unable to complete your required activity, please provide the following: The date, reason, and verification for each occurrence.			
Date	Reason Unable to Attend	Date	Reason Unable to Attend

Participant Signature: _____ Phone: _____ Date: _____

Verified _____ by: _____ Title: _____ Phone: _____ Date: _____