

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

| Contact Details | Business/Company Information | Results or Follow Up Action+ |
|--|---|------------------------------|
| Date: _____ Type of Contact* _____ Job applied for: _____ Contact Time: ___ hrs. ___ min. Travel Time: ___ hrs. ___ min. Total Hours: _____ | Name/Address: _____ _____ _____ Email or Web Address: _____ _____ Contact Person's Name/Title: _____ _____ Phone Number: _____ | |
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I, _____, certify that the information given above is true and correct. Date: _____
 (Participant/Customer Signature)

Caseworker's Signature: _____ Date: _____

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