

Employer Job Search Contacts

1. Company Name: Phone Number:
Position Applied for: Date:
Total Time:
Contact Type
In-Person: Address: Name:
Online: Web Address: Confirmation Page? Yes No
Follow-Up Date: Result:
Additional Information:
2. Company Name: Phone Number:
Position Applied for: Date:
Total Time:
Contact Type
In-Person: Address: Name:
Online: Web Address: Confirmation Page? Yes No
Follow-Up Date: Result:
Additional Information:
3. Company Name: Phone Number:
Position Applied for: Date:
Total Time:
Contact Type
In-Person: Address: Name:
Online: Web Address: Confirmation Page? Yes No
Follow-Up Date: Result:
Additional Information:
4. Company Name: Phone Number:
Position Applied for: Date:
Total Time:
Contact Type
In-Person: Address: Name:
Online: Web Address: Confirmation Page? Yes No
Follow-Up Date: Result:
Additional Information:

5. Company Name:

Phone Number:

Position Applied For:

Date:

Total Time:

Contact Type

In-Person: Address:

Name:

Online: Web Address:

Confirmation Page? Yes No

Follow-Up Date:

Result:

Additional Information:

By signing this document, I certify that the information given on this form is correct and true. I understand that if any information given is incorrect or false, I may be subject to termination from the TANF program and may be liable to repay any benefit received because of the falsified information on this document.

Print Name:

Date:

Participant Signature:

TANF Case Manager:

Date: