

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: