



Participant Name:

Case Number:

Case Manager:

District Number:

Date:

JOB SEARCH PROGRESS

DATE & TIME	JOB INFO (NAME/ADDRESS/PHONE#)	ACTION TAKEN	JOB INTERVIEW INFO	PLANNED FOLLOW-UP
DATE: _____ TIME SPENT: _____ MILES: _____ <input type="checkbox"/> BUS	COMPANY: _____ ADDRESS: _____ CITY/ZIP: _____ PHONE #: _____ MANAGER: _____	MARK BOXES BELOW: <input type="checkbox"/> APPLICATION OR RESUME SUBMITTED <input type="checkbox"/> SPOKE WITH MANAGER: _____ <input type="checkbox"/> HIRING NOW <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> FOLLOWED UP WITH PHONE CALL	DATE: _____ TIME: _____ INTERVIEWER'S NAME: _____ BRING THE FOLLOWING: <input type="checkbox"/> VALID I.D. <input type="checkbox"/> REFERENCES <input type="checkbox"/> OTHER:	
DATE: _____ TIME SPENT: _____ MILES: _____ <input type="checkbox"/> BUS	COMPANY: _____ ADDRESS: _____ CITY/ZIP: _____ PHONE #: _____ MANAGER: _____	MARK BOXES BELOW: <input type="checkbox"/> APPLICATION OR RESUME SUBMITTED <input type="checkbox"/> SPOKE WITH MANAGER: _____ <input type="checkbox"/> HIRING NOW <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> FOLLOWED UP WITH PHONE CALL	DATE: _____ TIME: _____ INTERVIEWER'S NAME: _____ BRING THE FOLLOWING: <input type="checkbox"/> VALID I.D. <input type="checkbox"/> REFERENCES <input type="checkbox"/> OTHER:	
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I declare under penalty of perjury that I have completed the necessary contacts, follow-ups, and/or job readiness preparation activities to meet my required hours of weekly participation. I authorize County staff or their representatives to contact the employers I have listed to obtain specific information for the sole purpose of evaluating my progress and efforts to obtain employment. This form was read by me or to me prior to my signing.

SIGNATURE

DATE

STAN WTW 42 (11/2024)



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