

WTP Job Search Log

Name _____ Last Four of SSN: _____ Week of: _____

Please return your form to your Employment Counselor no later than 4:00pm on _____. Contact your Employment Counselor with any questions:_____.

Date & Time	Employer Name/address/Phone	How Contacted	Person Contacted	Position Applied For	Results	Hours	Notes
		in person workforce center mail, fax e-mail, online			not hiring applied interview hired		
		in person workforce center mail, fax e-mail, online			not hiring applied interview hired		
		in person workforce center mail, fax e-mail, online			not hiring applied interview hired		
		in person workforce center mail, fax e-mail, online			not hiring applied interview hired		
		in person workforce center mail, fax e-mail, online			not hiring applied interview hired		
		in person workforce center mail, fax e-mail, online			not hiring applied interview hired		
		in person workforce center mail, fax e-mail, online			not hiring applied interview hired		

Note: If you provide false information to obtain benefits for which you are not entitled to, you may be subject to administrative penalties or criminal or civil charges.

I certify the information presented is true and correct. Signature: _____ Date: _____



70105

Name _____

Last Four of SSN: _____

Week of: _____

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