



Participant Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Please submit your completed job search forms to: \_\_\_\_\_ by: the end of each month.

In order to get credit for your job searches, please make sure that you fill out all of the information requested and sign this form.

Participant's Statement: I personally filed applications with the employers below and the information contained in this job search is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Employer Name-1</b>		<b>Employer Name-2</b>	
Employer Address/Website		Employer Address/Website	
Date Visited	Job Title:	Date Visited	Job Title
Person Contacted	Employer's Phone number/Email	Person Contacted	Employer's Phone number/Email
Result of Visit (MUST CHECK ONE/COMPLETE OTHER FIELD) <input type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____		Result of Visit (MUST CHECK ONE/COMPLETE OTHER FIELD) <input type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____	
<b>Employer Name-3</b>		<b>Employer Name-4</b>	
Employer Address/Website		Employer Address/Website	
Date Visited	Job Title:	Date Visited	Job Title:
Person Contacted	Employer's Phone number/Email	Person Contacted	Employer's Phone number/Email
Result of Visit (MUST CHECK ONE/COMPLETE OTHER FIELD) <input type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____		Result of Visit (MUST CHECK ONE/COMPLETE OTHER FIELD) <input type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____	
<b>Employer Name-5</b>		<b>Employer Name-6</b>	
Employer Address/Website		Employer Address/Website	
Date Visited	Job Title:	Date Visited	Job Title:
Person Contacted	Employer's Phone number/Email	Person Contacted	Employer's Phone number/Email
Result of Visit (MUST CHECK ONE/COMPLETE OTHER FIELD) <input type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____		Result of Visit (MUST CHECK ONE/COMPLETE OTHER FIELD) <input type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____	
<b>Employer Name-7</b>		<b>Employer Name-8</b>	
Employer Address/Website		Employer Address/Website	
Date Visited	Job Title:	Date Visited	Job Title:
Person Contacted	Employer's Phone number/Email	Person Contacted	Employer's Phone number/Email
Result of Visit (MUST CHECK ONE/COMPLETE OTHER FIELD) <input type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____		Result of Visit (MUST CHECK ONE/COMPLETE OTHER FIELD) <input type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____	
<b>Employer Name-9</b>		<b>Employer Name-10</b>	
Employer Address/Website		Employer Address/Website	
Date Visited	Job Title:	Date Visited	Job Title
Person Contacted	Employer's Phone number/Email	Person Contacted	Employer's Phone number/Email
Result of Visit (MUST CHECK ONE/COMPLETE OTHER FIELD) <input type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____		Result of Visit (MUST CHECK ONE/COMPLETE OTHER FIELD) <input type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____	

In order to get credit for your job searches, please make sure that you fill out all of the information requested and sign this form. An example has been provided in the first box.

**Example:**

<b>Employer Name:</b> <i>CareerSource Tampa Bay</i>	
Employer Address/Email Address: <i>9215 N. Florida Avenue, Tampa , FL 33612</i>	
Date Visited: <i>01-14-19</i>	Job Title: <i>Front Desk Clerk</i>
Person Contacted: <i>Lisa – Office Manager</i>	Employer's Phone number: <i>727-524-4344</i>
Result of Visit ( <b>MUST CHECK ONE/COMPLETE OTHER FIELD</b> ) <input checked="" type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____	

**Online Job Search Example:**

<b>Employer Name:</b> <i>CareerSource Tampa Bay</i>	
Employer Address/Email Address: <i>www.EmployFlorida.com</i>	
Date Visited: <i>01-14-19</i>	Job Title: <i>Front Desk Clerk</i>
Person Contacted: <i>(If none, put HR)</i>	Employer's Phone number: <i>Online</i>
Result of Visit ( <b>MUST CHECK ONE/COMPLETE OTHER FIELD</b> ) <input checked="" type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____	

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Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Employer Name-11</b>		<b>Employer Name-12</b>	
Employer Address/Website		Employer Address/Website	
Date Visited	Job Title:	Date Visited	Job Title:
Person Contacted	Employer's Phone number/Email	Person Contacted	Employer's Phone number/Email
Result of Visit (MUST CHECK ONE/COMPLETE OTHER FIELD) <input type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____		Result of Visit (MUST CHECK ONE/COMPLETE OTHER FIELD) <input type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____	
<b>Employer Name-13</b>		<b>Employer Name-14</b>	
Employer Address/Website		Employer Address/Website	
Date Visited	Job Title:	Date Visited	Job Title:
Person Contacted	Employer's Phone number/Email	Person Contacted	Employer's Phone number/Email
Result of Visit (MUST CHECK ONE/COMPLETE OTHER FIELD) <input type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____		Result of Visit (MUST CHECK ONE/COMPLETE OTHER FIELD) <input type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____	
<b>Employer Name-15</b>		<b>Employer Name-16</b>	
Employer Address/Website		Employer Address/Website	
Date Visited	Job Title:	Date Visited	Job Title:
Person Contacted	Employer's Phone number/Email	Person Contacted	Employer's Phone number/Email
Result of Visit (MUST CHECK ONE/COMPLETE OTHER FIELD) <input type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____		Result of Visit (MUST CHECK ONE/COMPLETE OTHER FIELD) <input type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____	
<b>Employer Name-17</b>		<b>Employer Name-18</b>	
Employer Address/Website		Employer Address/Website	
Date Visited	Job Title:	Date Visited	Job Title:
Person Contacted	Employer's Phone number/Email	Person Contacted	Employer's Phone number/Email
Result of Visit (MUST CHECK ONE/COMPLETE OTHER FIELD) <input type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____		Result of Visit (MUST CHECK ONE/COMPLETE OTHER FIELD) <input type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____	
<b>Employer Name-19</b>		<b>Employer Name-20</b>	
Employer Address/Website		Employer Address/Website	
Date Visited	Job Title:	Date Visited	Job Title:
Person Contacted	Employer's Phone number/Email	Person Contacted	Employer's Phone number/Email
Result of Visit (MUST CHECK ONE/COMPLETE OTHER FIELD) <input type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____		Result of Visit (MUST CHECK ONE/COMPLETE OTHER FIELD) <input type="checkbox"/> Application Filed <input type="checkbox"/> Hired for Job: Start date _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Other: _____	