

JOB SEARCH REPORT

Your Name _____ PIN or Social Security Number: _____

Complete the requested information and return to: Oneida County Child Support Agency
 Courthouse
 P.O. Box 400
 Rhinelander, WI 54501

If you are employed:

Start Date: _____ Employer's Name: _____

Employer's Address: _____

Payroll Office Phone Number: _____ Rate of Pay \$ _____ per _____
 (hour/week/month)

	Date	Start Time	Actual Time Spent	Name of Business	Person Contacted	Method of Contact	
		End Time		Position of Interest	Phone #		
1.						<input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Interview	<input type="checkbox"/> Face to Face <input type="checkbox"/> Telephone <input type="checkbox"/> Follow-up
2.						<input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Interview	<input type="checkbox"/> Face to Face <input type="checkbox"/> Telephone <input type="checkbox"/> Follow-up
3.						<input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Interview	<input type="checkbox"/> Face to Face <input type="checkbox"/> Telephone <input type="checkbox"/> Follow-up
4.						<input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Interview	<input type="checkbox"/> Face to Face <input type="checkbox"/> Telephone <input type="checkbox"/> Follow-up
5.						<input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Interview	<input type="checkbox"/> Face to Face <input type="checkbox"/> Telephone <input type="checkbox"/> Follow-up
6.						<input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Interview	<input type="checkbox"/> Face to Face <input type="checkbox"/> Telephone <input type="checkbox"/> Follow-up
7.						<input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Interview	<input type="checkbox"/> Face to Face <input type="checkbox"/> Telephone <input type="checkbox"/> Follow-up
8.						<input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Interview	<input type="checkbox"/> Face to Face <input type="checkbox"/> Telephone <input type="checkbox"/> Follow-up

If you have additional contacts to report, please write them on the back of this report.

I declare, under penalty of perjury, that the foregoing, including any attachments, is complete, true and correct.

 (Printed Name)

 (Signature) Date _____