



SkillUP Job Search Log

☐ ABAWD☐ REGAIN ELIGIBILITY

PARTICIPANT'S NAME (Last, First, Middle)		Last 4 SSN and DCN (Required)	
Job Search Period Dates: _____ to _____		Complete in detail. Return form to SkillUP Provider on or before the 4th day of the following month.	
Date:	Business Name, Address & City:	Position Applied For:	Result:
Hours Spent	Name & Phone Number of Contact:	Type of Contact:	<input type="checkbox"/> Hired
		<input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/Faxed Application or Résumé	<input type="checkbox"/> No Openings
		<input type="checkbox"/> On-line (List Location Applied From):	<input type="checkbox"/> Interview & Date
			<input type="checkbox"/> Other (Explain):
Date:	Business Name, Address & City:	Position Applied For:	Result:
Hours Spent	Name & Phone Number of Contact:	Type of Contact:	<input type="checkbox"/> Hired
		<input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/Faxed Application or Résumé	<input type="checkbox"/> No Openings
		<input type="checkbox"/> On-line (List Location Applied From):	<input type="checkbox"/> Interview & Date
			<input type="checkbox"/> Other (Explain):
Date:	Business Name, Address & City:	Position Applied For:	Result:
Hours Spent	Name & Phone Number of Contact:	Type of Contact:	<input type="checkbox"/> Hired
		<input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/Faxed Application or Résumé	<input type="checkbox"/> No Openings
		<input type="checkbox"/> On-line (List Location Applied From):	<input type="checkbox"/> Interview & Date
			<input type="checkbox"/> Other (Explain):
Date:	Business Name, Address & City:	Position Applied For:	Result:
Hours Spent	Name & Phone Number of Contact:	Type of Contact:	<input type="checkbox"/> Hired
		<input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/Faxed Application or Résumé	<input type="checkbox"/> No Openings
		<input type="checkbox"/> On-line (List Location Applied From):	<input type="checkbox"/> Interview & Date
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Date:	Business Name, Address & City:	Position Applied For:	Result:
Hours Spent	Name & Phone Number of Contact:	Type of Contact:	<input type="checkbox"/> Hired
		<input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/Faxed Application or Résumé	<input type="checkbox"/> No Openings
		<input type="checkbox"/> On-line (List Location Applied From):	<input type="checkbox"/> Interview & Date
			<input type="checkbox"/> Other (Explain):

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	Name & Phone Number of Contact:	<input type="checkbox"/> On-line (List Location Applied From):	<input type="checkbox"/> Other (Explain):
I certify that all of the information on this "SkillUP Job Search Log" is true. <div style="text-align: right;"> _____ Signature of Participant </div>			
Office Use Only			
Date Returned: _____ Total Job Search Hours: _____ SkillUP/Job Center Contact: _____ SkillUP/Job Center Name: _____			