



PARTICIPANT'S NAME (Last, First, Middle)		Last 4 SSN and DCN (Required)
Date:	Business Name, Address & City:	Position Applied For: _____ Type of Contact: <input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/Faxed Application or Résumé <input type="checkbox"/> On-line (List Location Applied From): _____
Hours Spent		<input type="checkbox"/> Hired <input type="checkbox"/> No Openings <input type="checkbox"/> Interview & Date <input type="checkbox"/> Other (Explain):
Date:	Business Name, Address & City:	Position Applied For: _____ Type of Contact: <input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/Faxed Application or Résumé <input type="checkbox"/> On-line (List Location Applied From): _____
Hours Spent		<input type="checkbox"/> Hired <input type="checkbox"/> No Openings <input type="checkbox"/> Interview & Date <input type="checkbox"/> Other (Explain):
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Hours Spent		<input type="checkbox"/> Hired <input type="checkbox"/> No Openings <input type="checkbox"/> Interview & Date <input type="checkbox"/> Other (Explain):

I certify that all of the information on this "SkillUP Job Search Log" is true.

Signature of Participant

Office Use Only

Date Returned: _____ Total Job Search Hours: _____ SkillUP/Job Center Contact: _____ SkillUP/Job Center Name: _____

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