



ABAWD  
 REGAIN ELIGIBILITY

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

For additional information about Missouri Division of Workforce Development services, contact a Missouri Job Center near you. Locations and additional information are available at jobs.mo.gov or (888) 728-JOBS (5627).  
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