

****TANF-EMPLOYER JOB SEARCH CONTACTS ****

1. Name of Company: _____ Company Phone # _____

Position Applied For: _____ Date: _____ Total Time: _____

Type of Contact:

IN PERSON: ADDRESS: _____ NAME: _____

POSTAL SERVICE: ADDRESS SENT TO: _____

ONLINE: WEB SITE: _____ CONFIRMATION PAGE? Y N

FOLLOW-UP: DATE: _____ RESULT: _____

2. Name of Company: _____ Company Phone # _____

Position Applied For: _____ Date: _____ Total Time: _____

Type of Contact:

IN PERSON: ADDRESS: _____ NAME: _____

POSTAL SERVICE: ADDRESS SENT TO: _____

ONLINE: WEB SITE: _____ CONFIRMATION PAGE? Y N

FOLLOW-UP: DATE: _____ RESULT: _____

3. Name of Company: _____ Company Phone # _____

Position Applied For: _____ Date: _____ Total Time: _____

Type of Contact:

IN PERSON: ADDRESS: _____ NAME: _____

POSTAL SERVICE: ADDRESS SENT TO: _____

ONLINE: WEB SITE: _____ CONFIRMATION PAGE? Y N

FOLLOW-UP: DATE: _____ RESULT: _____

4. Name of Company: _____ Company Phone # _____

Position Applied For: _____ Date: _____ Total Time: _____

Type of Contact:

IN PERSON: ADDRESS: _____ NAME: _____

POSTAL SERVICE: ADDRESS SENT TO: _____

ONLINE: WEB SITE: _____ CONFIRMATION PAGE? Y N

FOLLOW-UP: DATE: _____ RESULT: _____

5. Name of Company: _____ Company Phone # _____

Position Applied For: _____ Date: _____ Total Time: _____

Type of Contact:

IN PERSON: ADDRESS: _____ NAME: _____

POSTAL SERVICE: ADDRESS SENT TO: _____

ONLINE: WEB SITE: _____ CONFIRMATION PAGE? Y N

FOLLOW-UP: DATE: _____ RESULT: _____

I certify that the information given on this form is correct and true. I understand that if any information given is incorrect or false, I may be subject to termination from the TANF program and may be liable to repay any benefit received because of the falsified information on this document.

Participant Signature: _____ Date: _____

PRINT Signature: _____

TANF Case Manager: _____