

Work search log

Keep records of your contacts with enough detail so they can be verified (sent/received emails, confirmation numbers, etc.). You must make at least two contacts per week. A valid contact can be made by mail, email, phone, fax, in person or via a company website.

A contact is valid if it is:

- Made with a person who has hiring authority - A friend or relative who works for the company is not a valid contact.
- For wage work. Self-employment or independent contract contacts are not valid.

A contact is NOT valid if:

- You fail to submit an application to a company that will accept them.
- The same employer(s) are used in consecutive weeks or within a short time period, unless re-contact is requested by the employer to continue the application process.
- You search websites but fail to submit an application.

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| WEEK OF (Sunday) _____ to (Saturday) _____ | |
| Date: | Company: |
| Method: <input type="checkbox"/> Mail <input type="checkbox"/> Website <input type="checkbox"/> Email <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Fax | |
| Street address, city, state, ZIP: | |
| Email or website address: | |
| Contact person/title/phone: (The telephone number is needed. If not available, please note the reason.) | |
| Type of work or job title: | Job number and/or confirmation number: |
| Application and/or resume submitted? <input type="checkbox"/> yes <input type="checkbox"/> no If no, please explain why: | |
| What is the next step? | |

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| WEEK OF (Sunday) _____ to (Saturday) _____ | |
| Date: | Company: |
| Method: <input type="checkbox"/> Mail <input type="checkbox"/> Website <input type="checkbox"/> Email <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Fax | |
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| What is the next step? | |

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| WEEK OF (Sunday) _____ to (Saturday) _____ | |
| Date: | Company: |
| Method: <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Website <input type="checkbox"/> Email <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Fax | |
| Street address, city, state, ZIP: | |
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| What is the next step? | |