## JOB SEARCH TRACKING FORM

Na	ame		<del>, , , , , , , , , , , , , , , , , , , </del>	_, _, _,				
	x of							
	n by							
Give s	pecifics about emplo	yer contacts	s below:					
Date	Employer name, city & phone	In	ter- ewed Called	Applied	Sent Resume	Results/ Comments		Total Hours
							Total Hours	
Please	return this form to:							
		Washington County Community Services 14949 62 <sup>nd</sup> Street N PO Box 30 Stillwater, MN 55082-0030						

Your Financial Worker reserves the right to confirm all activities listed on this form.