

Workforce Resource, Inc.

Weekly Job Search Log

FJL

Participant Name:	PIN:	Career Planner	Individuals are encouraged to use the local job center when submitting on-line applications. Forms may be dropped off at the office, emailed, faxed, scanned, on-line and phone. If reporting by phone, please follow-up with a hard copy by the 5 th of the month.
Week ___/___/___ to ___/___/___		Total weekly hours:	

Employer Name & City	Date	Type of Contact	Total Time	Contact Results	Total Miles
		<input type="checkbox"/> Application/Resume <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up contact	<input type="checkbox"/> In-Person <input type="checkbox"/> Internet/email <input type="checkbox"/> Phone	Position of interest _____ Person contacted _____ Contact information _____	
		<input type="checkbox"/> Application/Resume <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up contact	<input type="checkbox"/> In-Person <input type="checkbox"/> Internet/Email <input type="checkbox"/> Phone	Position of interest _____ Person contacted _____ Contact information _____	
		<input type="checkbox"/> Application/Resume <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up contact	<input type="checkbox"/> In-Person <input type="checkbox"/> Internet/Email <input type="checkbox"/> Phone	Position of interest _____ Person contacted _____ Contact information _____	
		<input type="checkbox"/> Application/Resume <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up contact	<input type="checkbox"/> In-Person <input type="checkbox"/> Internet/Email <input type="checkbox"/> Phone	Position of interest _____ Person contacted _____ Contact information _____	
		<input type="checkbox"/> Application/Resume <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up contact	<input type="checkbox"/> In-Person <input type="checkbox"/> Internet/Email <input type="checkbox"/> Phone	Position of interest _____ Person contacted _____ Contact information _____	
		<input type="checkbox"/> Application/Resume <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up contact	<input type="checkbox"/> In-Person <input type="checkbox"/> Internet/Email <input type="checkbox"/> Phone	Position of interest _____ Person contacted _____ Contact information _____	
		<input type="checkbox"/> Application/Resume <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up contact	<input type="checkbox"/> In-Person <input type="checkbox"/> Internet/Email <input type="checkbox"/> Phone	Position of interest _____ Person contacted _____ Contact information _____	
				Percentage of employer contacts verified:	

Signatures: I certify that the stated information on this form is true. I understand that I must report and verify any changes within 10 days. I understand the contacts I listed on this form may be followed up on randomly.PI

Participant Signature:	Date:	Career Planner Signature:	Date:
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For office use only: Daily hours:

Day one _____ Day two _____ Day three _____ Day four _____ Day five _____ Day six _____ Day seven _____

Workforce Resource Inc. is an equal opportunity service provider. If you need assistance to access services or need materials in an alternate format contact our EO officer at 1-855-792-5439. WRI uses WI Relay 711.