

**Georgia Department of Human Services
Division of Family and Children Services
JOB SEARCH RECORD**

County Department of Family and Children Services

Client Name _____

Case Manager _____

Client ID Number _____

Case Manager Telephone _____

Worker ID _____

You must keep all scheduled appointments with your case manager.

Your next scheduled appointment is _____ at _____ Please bring this form with you
completed, signed and dated.

You must complete this form and return it to your case manager by _____

Employer Contact

Employer Contact

Date visited _____ Job type online _____

Start time: _____ : _____ AM/PM **End time:** _____ : _____ Company: _____

Address: _____

Name/telephone # of contact person _____

Results: _____

Application filed _____ Interview _____ Hired _____ Not hiring _____

Date visited _____ Job type online _____

Start time: _____ : _____ AM/PM **End time:** _____ : _____ Company: _____

Address: _____

Name/telephone # of contact person _____

Results: _____

Application filed _____ Interview _____ Hired _____ Not hiring _____

Date visited _____ Job type online _____

Start time: _____ : _____ AM/PM **End time:** _____ : _____ Company: _____

Address: _____

Name/telephone # of contact person _____

Results: _____

Application filed _____ Interview _____ Hired _____ Not hiring _____

Date visited _____ Job type online _____

Start time: _____ : _____ AM/PM **End time:** _____ : _____ Company: _____

Address: _____

Name/telephone # of contact person _____

Results: _____

Application filed _____ Interview _____ Hired _____ Not hiring _____

Date visited _____ Job type online _____

Start time: _____ : _____ AM/PM **End time:** _____ : _____ Company: _____

Address: _____

Name/telephone # of contact person _____

Results: _____

Application filed _____ Interview _____ Hired _____ Not hiring _____

Date visited Job type online AM/PM
Start time: : AM/PM **End time** : Company:
Address:
Name/telephone # of contact person
Results:
Application filed Interview Hired Not hiring

Date visited Job type online AM/PM
Start time: : AM/PM **End time** : Company:
Address:
Name/telephone # of contact person
Results:
Application filed Interview Hired Not hiring

AM/PM

Date visited Job type online AM/PM
Start time: : AM/PM **End time** : Company:
Address:
Name/telephone # of contact person
Results:
Application filed Interview Hired Not hiring

AM/PM

SNAP Works/TANF Participant's statement:

I _____ have spent a total of _____ hours searching for jobs on _____. I understand that my failure to complete the required employer contacts may result in denial of my application or termination/sanction of my active case.

Date

Participant's Signature

For Office use only	Total # of Job Search Hours
<input type="checkbox"/> I have verified _____ employer contacts and confirmed the accuracy of Ms./ Mr. _____ representation regarding his/her job search efforts.	
<input type="checkbox"/> I have verified _____ employer contacts and confirmed that Ms./ Mr. _____ representation regarding his/her job search efforts is not accurate.	
Verified by the case manager: In person	Phone call
Email	Fax
Mail	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>