

**Georgia Department of Human Services
Division of Family and Children
Services**

JOB SEARCH RECORD

Client Name _____

County Department of Family and Children
Services 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 <input type="checkbox"/> Start time: _____ : _____ AM/PM End time _____ : _____ AM/PM _____ : Company: _____ Address: _____ Name/telephone # of contact person _____ Results: Application filed _____ Interview _____ Hired _____ Not hiring <input type="checkbox"/>	Date visited _____ Job type _____ online <input type="checkbox"/> Start time: _____ : _____ AM/PM End time _____ : _____ AM/PM _____ : Company: _____ Address: _____ Name/telephone # of contact person _____ Results: Application filed _____ Interview _____ Hired _____ Not hiring <input type="checkbox"/>		
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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.				
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"/>