

Work Search Log

Work Search Form

To the Claimant: You must complete and retain this form for future audits as a record of your work search. This will be your job search record.

SSN: 123-45-6789

NAME: Raymond Farquar

Work Search Plan: (1) 2 Work search efforts (2) Temporary Layoff with Return to work date of (3) Union Worker Local

Claim Week	Date	Employer Name, Address, City and State	Telephone Number	Name of Person Contacted	Method of Contact	Type of Work Applied For	Results
Week Beginning 08-31-08 thru Week Ending 9-4-08	9-1-08	Jack's Auto 29105 N.W. 199", OKC, OK	405-256-9999	Jack (Owner)	In Person	Mechanic	Not hiring
		Fishbaum's Fritter House Mel@fishbaum.com	405-256-8888	No name provided	Email/resume	Head Cook	Will call if needed
Week Beginning 09-06-08 thru Week Ending							
Week Beginning thru Week Ending							
Week Beginning thru Week Ending							
Week Beginning thru Week Ending							
Week Beginning thru Week Ending							
Week Beginning thru Week Ending							

I certify that I have provided true and correct statements and facts relating to my claim for unemployment benefits. I understand that the law provides penalties for false statements or failure to disclose material facts. I also understand that my claim may be audited. Date: _____ Signature _____

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities