

## TOWN OF HAVERHILL WELFARE OFFICE EMPLOYMENT SEARCH RECORD

NAME: \_\_\_\_\_

Week Ending Date \_\_\_\_\_

*Use this form to list each employer you contact and the results.*

*In order to remain eligible for assistance, you are required to do a job search of at least 5 contacts each week.*

*If an employer/employer's representative will not sign this form, you may write "refused" in the space.*

DATE	EMPLOYER NAME	PHONE NUMBER	JOB OR TYPE OF WORK	TYPE OF CONTACT Visit/Phone/ Mail/Resume/ Interview	PERSON CONTACTED	TIME OF DAY	RESULTS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

List any other activities you did this week to find employment.

I certify all information provided on this form regarding my work search efforts is true and accurate. I understand that there are penalties for willfully providing false information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date