



ABAWD
 REGAIN ELIGIBILITY

PARTICIPANT'S NAME (Last, First, Middle)	Last 4 SSN and DCN (Required)
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Job Search Period Dates: _____ to _____	Complete in detail. Return form to a Job Center on or before the 4th day of the following month.
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Date: _____	Business Name, Address & City: _____ _____ _____	Position Applied For: _____	Result:
Hours Spent _____	Name & Phone Number of Contact: _____ _____	Type of Contact: <input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/Faxed Application or Résumé <input type="checkbox"/> On-line (List Location Applied From): _____	<input type="checkbox"/> Hired <input type="checkbox"/> No Openings <input type="checkbox"/> Interview & Date <input type="checkbox"/> Other (Explain): _____ _____

Date: _____	Business Name, Address & City: _____ _____ _____	Position Applied For: _____	Result:
Hours Spent _____	Name & Phone Number of Contact: _____ _____	Type of Contact: <input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/Faxed Application or Résumé <input type="checkbox"/> On-line (List Location Applied From): _____	<input type="checkbox"/> Hired <input type="checkbox"/> No Openings <input type="checkbox"/> Interview & Date <input type="checkbox"/> Other (Explain): _____ _____

Date: _____	Business Name, Address & City: _____ _____ _____	Position Applied For: _____	Result:
Hours Spent _____	Name & Phone Number of Contact: _____ _____	Type of Contact: <input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/Faxed Application or Résumé <input type="checkbox"/> On-line (List Location Applied From): _____	<input type="checkbox"/> Hired <input type="checkbox"/> No Openings <input type="checkbox"/> Interview & Date <input type="checkbox"/> Other (Explain): _____ _____

Date: _____	Business Name, Address & City: _____ _____ _____	Position Applied For: _____	Result:
Hours Spent _____	Name & Phone Number of Contact: _____ _____	Type of Contact: <input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/Faxed Application or Résumé <input type="checkbox"/> On-line (List Location Applied From): _____	<input type="checkbox"/> Hired <input type="checkbox"/> No Openings <input type="checkbox"/> Interview & Date <input type="checkbox"/> Other (Explain): _____ _____

Date: _____	Business Name, Address & City: _____ _____ _____	Position Applied For: _____	Result:
Hours Spent _____	Name & Phone Number of Contact: _____ _____	Type of Contact: <input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/Faxed Application or Résumé <input type="checkbox"/> On-line (List Location Applied From): _____	<input type="checkbox"/> Hired <input type="checkbox"/> No Openings <input type="checkbox"/> Interview & Date <input type="checkbox"/> Other (Explain): _____ _____

PARTICIPANT'S NAME (Last, First, Middle)	Last 4 SSN and DCN (Required)
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Date:	Business Name, Address & City:	Position Applied For:	Result:
			<input type="checkbox"/> Hired
Hours Spent	Name & Phone Number of Contact:	Type of Contact:	<input type="checkbox"/> No Openings
		<input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/Faxed Application or Résumé	<input type="checkbox"/> Interview & Date
		<input type="checkbox"/> On-line (List Location Applied From):	<input type="checkbox"/> Other (Explain):

Date:	Business Name, Address & City:	Position Applied For:	Result:
			<input type="checkbox"/> Hired
Hours Spent	Name & Phone Number of Contact:	Type of Contact:	<input type="checkbox"/> No Openings
		<input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/Faxed Application or Résumé	<input type="checkbox"/> Interview & Date
		<input type="checkbox"/> On-line (List Location Applied From):	<input type="checkbox"/> Other (Explain):

Date:	Business Name, Address & City:	Position Applied For:	Result:
			<input type="checkbox"/> Hired
Hours Spent	Name & Phone Number of Contact:	Type of Contact:	<input type="checkbox"/> No Openings
		<input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/Faxed Application or Résumé	<input type="checkbox"/> Interview & Date
		<input type="checkbox"/> On-line (List Location Applied From):	<input type="checkbox"/> Other (Explain):

Date:	Business Name, Address & City:	Position Applied For:	Result:
			<input type="checkbox"/> Hired
Hours Spent	Name & Phone Number of Contact:	Type of Contact:	<input type="checkbox"/> No Openings
		<input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/Faxed Application or Résumé	<input type="checkbox"/> Interview & Date
		<input type="checkbox"/> On-line (List Location Applied From):	<input type="checkbox"/> Other (Explain):

Date:	Business Name, Address & City:	Position Applied For:	Result:
			<input type="checkbox"/> Hired
Hours Spent	Name & Phone Number of Contact:	Type of Contact:	<input type="checkbox"/> No Openings
		<input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/Faxed Application or Résumé	<input type="checkbox"/> Interview & Date
		<input type="checkbox"/> On-line (List Location Applied From):	<input type="checkbox"/> Other (Explain):

I certify that all of the information on this "SkillUP Job Search Log" is true. _____
Signature of Participant

Office Use Only

Date Returned: _____ **Total Job Search Hours:** _____ **Job Center Contact:** _____ **Job Center Name:** _____