EA-561
01/05

JOB SEARCH TRACKING FORM

Name _____

Week of _____

Return by _____

Give specifics about employer contacts below:

Date	Employer name, city & phone number	Inter-viewed	Called	Applied	Sent Resume	Results/ Comments	Total Hours

Total Hours _____

Please return this form to: _____

Washington County Community Services
14949 62nd Street N
PO Box 30
Stillwater, MN 55082-0030

Your Financial Worker reserves the right to confirm all activities listed on this form.