## **Job Search Report**

NCP: PIN:

| IV-D Case(s):                  |  |                              | 9                        |                               |
|--------------------------------|--|------------------------------|--------------------------|-------------------------------|
| GREEN C<br>JUSTICE<br>2841 6TH |  | n and return to:<br>T AGENCY |                          |                               |
| If you are em<br>Starting da   | ployed:<br>ate:                          | Employer's nam               | ne:                      |                               |
| Employer's                     | s address:                               |                              |                          | 300                           |
| Payroll off                    | ice's phone number:                      | -                            | Rate of pay: \$          | per                           |
|                                |  |                              |                          | (hour/week/month)             |
| If you are une<br>Date that y  | ou registered for we                     | ork at Wisconsin Job         | Center:                  |                               |
| Use the sp                     | aces below to fill in                    | information about the        | e places you have applie | ed for work.                  |
| Date                           | Company Name                             | Street address               | City                     | Phone                         |
| 1                              |  |                              |                          |                               |
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| 9                              | -  | 30.00                        |                          | *                             |
| 100 A                          |  |                              |                          | -                             |
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|                                |  |                              | 2                        | <u> </u>                      |
|                                |  |                              |                          |                               |
| If you have                    | more contacts to re                      | port, write them on th       | ne back of this report.  |                               |
| I declare, u<br>and correc     | nder penalty of pe<br>t.                 | rjury, that the foreg        | oing, including any att  | tachments, is complete, true, |
| Signature                      | *  |                              | Date                     |                               |