

WORK SEARCH RECORD

This template may assist you in keeping a record of your work search contacts. You must contact different employers each week. The Division of Unemployment Insurance may ask you to provide proof of your search for work at any time you are claiming benefits. **DO NOT** return this form to the New Jersey Department of Labor & Workforce Development.

Date:	Employer:	Address:		
E-mail:	Phone:	Fax:	Person contacted:	
Type of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Internet/E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> In-person		Results:		
Date:	Employer:	Address:		
E-mail:	Phone:	Fax:	Person contacted:	
Type of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Internet/E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> In-person		Results:		
Date:	Employer:	Address:		
E-mail:	Phone:	Fax:	Person contacted:	
Type of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Internet/E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> In-person		Results/follow-up:		
Date:	Employer:	Address:		
E-mail:	Phone:	Fax:	Person contacted:	
Type of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Internet/E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> In-person		Results:		
Date:	Employer:	Address:		
E-mail:	Phone:	Fax:	Person contacted:	
Type of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Internet/E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> In-person		Results:		
Date:	Employer:	Address:		
E-mail:	Phone:	Fax:	Person contacted:	
Type of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Internet/E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> In-person		Results:		
Date:	Employer:	Address:		
E-mail:	Phone:	Fax:	Person contacted:	
Type of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Internet/E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> In-person		Results:		
Date:	Employer:	Address:		
E-mail:	Phone:	Fax:	Person contacted:	
Type of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Internet/E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> In-person		Results:		
Date:	Employer:	Address:		
E-mail:	Phone:	Fax:	Person contacted:	
Type of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Internet/E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> In-person		Results:		