

Examples of how to complete job search activity record (page one)

Date	Time spent	Activity/Position of interest	Employer/Contact information	Purpose of contact	Result
6/9	1 1/2 hours	Seasonal park job	Dakota County Parks Department	On-line application	Submitted application-waiting
6/10	2 hours	Drafter	Rockwell Automation - Duluth (218) 555-3000	Job interview	Waiting to hear back
6/10	45 minutes	Check-out cashier	Cub Foods, Apple Valley (952) 555-6060	Applied for job	Scheduled interview with Bob

Part two: Record of On-Site Job Club and Job Search activities

Date	Time spent	On-Site Activity
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> Other (specify) _____
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> Other (specify) _____
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> Other (specify) _____
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> Other (specify) _____
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> Other (specify) _____
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> Other (specify) _____
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> Other (specify) _____
		<input type="checkbox"/> Job Club <input type="checkbox"/> Job Search <input type="checkbox"/> Other (specify) _____

Participant job search certification statement:

I certify that the job search activities and the time I spent on them are true and correct. I understand:

- My Employment Counselor will verify the activities and employment contacts I have listed on this activity log.
- I must complete the activities and hourly requirements in my employment plan.
- Failure to complete and report these activities and time spent in each activity may result in a sanction.
- Providing false information may result in a fraud investigation referral.

PARTICIPANT SIGNATURE

DATE

Important: Participant signature is required above.

For agency use only:	
	Total Hours
Page one: Regular JS/JRA hours (Sunday through Saturday)	_____
Page two: Additional on-site JS/JRA hours (Sunday through Saturday)	_____
JS/JRA holiday hours	_____
Other excused absence JS/JRA hours	_____
CD/LMH treatment; Rehab services hours (requires separate documentation/verification)	_____
Total JS/JRA hours for the week	_____
Weekly check-in held on: _____	
<input type="checkbox"/> In-person <input type="checkbox"/> By phone <input type="checkbox"/> By email <input type="checkbox"/> Other (specify): _____	
Bi-weekly Job Contact verified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List job contact verified: _____	
Method used to verify job contact:	
<input type="checkbox"/> On-line application receipt <input type="checkbox"/> Copy of application <input type="checkbox"/> Interview with participant <input type="checkbox"/> Business card <input type="checkbox"/> Telephone Contact phone number: _____ <input type="checkbox"/> Other (specify): _____	
COUNSELOR SIGNATURE	DATE