

Participant Name _____ Date _____

SSN (last 4 digits): _____ OSST #: _____ RFA #: _____

INSTRUCTIONS: COMPLETE ONE SECTION FOR EACH EMPLOYMENT CONTACT MADE.

Apply for jobs as instructed by _____, your WTP CSNEFL CSCM.

Return this form to: _____ by _____.

Verified section must be signed by a WTP CSNEFL CSCM or the Employer. Report all employment outcomes to your WTP CSNEFL CSCM promptly.

Company Name:		Person Seen:	
Address:			Company Phone Number:
Reason for Visit: <input type="checkbox"/> Application Filed <input type="checkbox"/> Interview <input type="checkbox"/> Job Inquiry <input type="checkbox"/> Follow up <input type="checkbox"/> Other (Explain):			
Referral Type: <input type="checkbox"/> EF <input type="checkbox"/> Staff Assisted <input type="checkbox"/> Self <input type="checkbox"/> Other (Explain):			
Start Time:	Stop Time:	Total Time:	Verified by (Signature):

Company Name:		Person Seen:	
Address:			Company Phone Number:
Reason for Visit: <input type="checkbox"/> Application Filed <input type="checkbox"/> Interview <input type="checkbox"/> Job Inquiry <input type="checkbox"/> Follow up <input type="checkbox"/> Other (Explain):			
Referral Type: <input type="checkbox"/> EF <input type="checkbox"/> Staff Assisted <input type="checkbox"/> Self <input type="checkbox"/> Other (Explain):			
Start Time:	Stop Time:	Total Time:	Verified by (Signature):

I verify the information provided is true and correct.

Signature _____ Date _____