# In the Court of Common Pleas of County, Pennsylvania

**Phone: Fax:**

Plaintiff Name:

Defendant Name:

Docket Number:

PACSES Case Number:

Other State ID Number:

**Please note: All correspondence must include the PACSES Case Number.**

View job postings and other employment resources at [www.JobGateway.pa.gov.](http://www.JobGateway.pa.gov/)

# Job Search Employment Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Name and Address of Company** | **Person Talked To** | **Result** | **Phone** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Name and Address of Company** | **Person Talked To** | **Result** | **Phone** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I certify that the information on this form and any attachments is true and correct:

Signature Date