

## WIA Intake Packet

***Please bring all eligibility documents and completed forms to the eligibility screening. If you are unable to print the WIA Intake Packet from home, visit your local **SkillSource** Center. All eligibility documents and completed forms must be provided at your scheduled screening or you will need to reschedule for a later date.***

### **ALL applicants must provide documents 1-14:**

1. A print out of your WIA Ticket
2. Social Security Card
3. Driver's License or Learner's Permit /Government ID (e.g. DMV ID, school ID, etc.)
4. Proof of US Citizenship or Legal authorization to work in the US (birth certificate, passport, INS card, valid work permit – should be valid for at least one year)
5. Current Resume
6. Verification of attendance in at least 2 employment workshops (copy of the flyers, sign-in sheet, etc.)
7. Participant Orientation Responsibility- *Page 3 of this packet*
8. Customer Information Form- *Page 4-5 of this packet*
9. Consent to Exchange Information- *Page 6 of this packet*
10. Complaint Procedure- *Page 7-8 of this packet*
11. EO Statement- *Page 9 of this packet*
12. NVWIB Confidentiality Policy- *Page 10 of this packet*
13. WIA Partner Request-VEC Consent- *Page 11 of this packet*
14. Job Search Log for positions applied to in the most recent four weeks- *Page 12-13 of this packet*

### **IF APPLICABLE, provide documents 15-18:**

15. Selective Service Registration verification (for males born after 1960 and that lived in the US before 26 years old)
16. Veteran Status (DD214, military ID)
17. Offender Status (Court order, Police Report, Letter from Probation Officer)
18. Verification of disability (letter from DRS or Disability Agency or Doctor's letter re disability)

***\*To be eligible for WIA, you must fall into the Adult OR Dislocated Worker category. Please refer to page 2 for details.***

## Eligibility Requirements for the Adult and Dislocated Worker Programs

*You will only need to provide documentation for ONE of these program areas in order to be eligible for WIA services.*

<b>Adult Program</b>  <i>If you are not receiving Public Assistance (Food Stamps), please verify your income eligibility.</i>	<b>OR</b>	<b>Dislocated Worker Program</b>  <i>If you meet dislocated worker criteria, please provide the following documents.</i>																					
<p>Public Assistance verification Food Stamp Notification Letter, TANF information <i>Note: If you are receiving public assistance, you do NOT need to bring the documents listed below</i></p> <p style="text-align: center; padding: 10px 0;"><b>OR</b></p> <p>Income verification-based on the charts below 6-months' pay stubs, income tax returns, bank statements, etc. of <u>ALL</u> family members in the household WHO ARE WORKING during the last 6 months.</p> <p>Family size verification Tax returns, lease, etc.</p> <p>Verification of disability– <i>if applicable</i> Letter from DRS or Disability Agency or Doctor's letter regarding disability.</p> <p>Verification of Homelessness– <i>if applicable</i> Letter from shelter, etc.</p> <p>Verification of Foster Care Child– <i>if applicable</i> <i>Court custody, etc.</i></p>		<p>Verification of UI Letter from Virginia Employment Commission or other State's Unemployment Insurance Office regarding approval to receive Unemployment Insurance compensation.</p> <p>Verification of DLW status Termination letter from employer, news media regarding plant closure.</p> <p>Verification of Displaced Homemaker status- <i>if applicable</i> Divorce/Separation papers, death papers, documents proving that you have totally relied on the other family member's income and have not worked during the cohabitation/marital relationship, etc.</p> <p>Verification of business closure due to current economic conditions or natural disaster- <i>if applicable</i> Business license, bankruptcy documents, Tax returns, bank statements, etc.</p>																					
<p><b>Household Income by Family Size at Time of Enrollment</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: black; color: white;"> <th style="padding: 5px;">Family Size</th> <th style="padding: 5px;">Unemployed Adult</th> <th style="padding: 5px;">Employed Adult</th> </tr> </thead> <tbody> <tr><td style="padding: 5px;">1</td><td style="padding: 5px;">\$11,490</td><td style="padding: 5px;">\$24,052</td></tr> <tr><td style="padding: 5px;">2</td><td style="padding: 5px;">\$18,394</td><td style="padding: 5px;">\$39,415</td></tr> <tr><td style="padding: 5px;">3</td><td style="padding: 5px;">\$25,248</td><td style="padding: 5px;">\$54,103</td></tr> <tr><td style="padding: 5px;">4</td><td style="padding: 5px;">\$31,165</td><td style="padding: 5px;">\$66,783</td></tr> <tr><td style="padding: 5px;">5</td><td style="padding: 5px;">\$36,782</td><td style="padding: 5px;">\$78,819</td></tr> <tr><td style="padding: 5px;">6</td><td style="padding: 5px;">\$43,016</td><td style="padding: 5px;">\$92,178</td></tr> </tbody> </table>			Family Size	Unemployed Adult	Employed Adult	1	\$11,490	\$24,052	2	\$18,394	\$39,415	3	\$25,248	\$54,103	4	\$31,165	\$66,783	5	\$36,782	\$78,819	6	\$43,016	\$92,178
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**QUESTIONS?** Attend the next WIA Questions and Answers Webinar prior to attending an eligibility screening session by contacting Jennifer Wayne, at 703-533-5486; TTY 711 VA Relay or [Jennifer.Wayne@fairfaxcounty.gov](mailto:Jennifer.Wayne@fairfaxcounty.gov).



Northern Virginia Workforce Investment Board – Local Workforce Investment Area (LWIA) 11  
*SkillSource* Centers in Falls Church, Lake Anne, Loudoun, Prince William County, South County

**PARTICIPANT ORIENTATION RESPONSIBILITY FORM**

Below are important topics that will be discussed with you before you enroll in the WIA Program:

Introduction to Workforce Investment Act (WIA) Program  
Program Objectives  
WIA Levels of Service  
Availability of supportive services (if applicable) and other services from partner agencies  
Individual counseling/vocational guidance  
Discussion of Individual Employment Plan (IEP)  
Assessments  
Individual Training Accounts (ITA)  
Statewide and Local Eligible Training Provider List (ETP)  
Financial Award Analysis  
Customer Request for Training  
Training Agreement  
Validation of training – timesheets/attendance/grades/transcripts  
Compliance monitoring  
Validation of employment or employment verification  
12 months follow up after exit  
Length of participation  
WIA Eligibility Requirements  
Verification of Eligibility  
Rights, benefits and responsibilities of participants  
Grievance Procedures/Civil Rights/EEO

**I HAVE VIEWED THE WIA ORIENTATION VIDEO AND UNDERSTAND THE  
ABOVE WIA REQUIREMENTS AND PROVISIONS.**

**Participant's Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor's Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INFORMATION ABOUT YOU**

Last name

First name

Middle name

SSN

Date of birth

Gender

Marital Status:

Street Address

City, State, ZIP

County

Phone

Cell

Email

\*\*\*\*\*  
**Are you a US citizen?**

If not US citizen: Nationality

Date of arrival in U.S.:

Alien #

**What documents do you have to show your eligibility to work in this country? *Select all that apply.***

\*\*\*\*\*

**EMPLOYMENT INFORMATION**

Current/Last Employer

City, State/ Country

Phone

Job Title

Duties

Wage / Salary \$

per

Hours per week

Benefits

Start Date

End Date

Reason the job ended:

Are you collecting unemployment insurance?

Are you actively seeking employment?

Are you working and looking for a better job?

Occupation(s) desired

Desired work location(s)

**EDUCATION INFORMATION**

**Completed high school or GED?**

If No, indicate last grade completed:

**College degree earned?**

Major

Name of College

City, State / Country

**College course(s) taken?** Name of College

Course(s)

City, State / Country

**Have you had any formal and/or vocational training?**

\*\*\*\*\*

**GENERAL INFORMATION**

Family Size (include dependents living at home):

Do you have children?

Do you have dependable child care?

Do you have a current driver's license?

Do you have a car?

Do you know how to use public transportation?

Are you or family members receiving government Assistance?

Other:

Your caseworker is:

Is your housing situation stable?

Do you have healthcare needs?

Do you have a disability?

Are you registered with the Selective Service?

Are you fluent in English?

Are you fluent in language(s) other than English?

Other:

Have you ever served in the US military?

Branch

Honorable Discharge?

Entry Date

Discharge Date

Are you a military spouse?

Have you ever been convicted for a law violation?

NAME OF APPLICANT: \_\_\_\_\_

**FOR ONE STOP/SKILLSOURCE CENTER STAFF USE ONLY**

**REFERRED TO PARTNERS (Check Applicable Agencies):**

WIA Title I Adult	WIA Title I DW	WIA Title I Youth
Veterans Services	VEC	Dept. of Family Services TANF, FS, CPS, etc.
OAR/VASAVOR Offender Programs	ServiceSource	Housing
Job Corps	Native American	Migrant & Seasonal Farm Workers
Trade/NAFTA Transitional Assistance	Disabled Veterans Outreach	FCPS Adult Education/ Literacy Activities
Community Service Block Grant	Alcohol and Drug Services	Diocese of Arlington
Reston Interfaith	Department of Rehabilitative Services	Area Agency for Aging or other Senior Community Services
Other		

**ADDITIONAL COMMENTS:**

STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**I APPROVE THE RELEASE OF INFORMATION TO THE ONE STOP/SKILLSOURCE CENTER AND PARTICIPATING AGENCIES OF RECORDS AND INFORMATION RELEVANT TO MY JOB SEARCH AND CAREER NEEDS.**

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

.....  
**STATUS OF REFERRAL:**

- ☐ Enrolled in program – please specify: \_\_\_\_\_
- ☐ Not enrolled    ☐ Other – please specify: \_\_\_\_\_

## CONSENT TO EXCHANGE INFORMATION

*I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.*

I, \_\_\_\_\_, am signing this form for  
(FULL PRINTED NAME OF CONSENTING PERSON OR PERSONS)

(FULL PRINTED NAME OF CLIENT)

(CLIENT'S ADDRESS)

(CLIENT'S BIRTHDAY DATE)

(CLIENT'S SSN – OPTIONAL)

My relationship to the client:

I want the following confidential information about the client (except drug or alcohol abuse diagnoses or treatment information) to be exchanged:

Assessment Information	Medical Diagnosis	Educational Records
Financial Information	Mental Health Diagnosis	Psychiatric Records
Benefits/Services Needed, Planned, and or Received	Medical Records	Criminal Justice Records
	Psychological Records	Employment Records

Other information (write in): Job readiness, career exploration, job search and employment

I want the SkillSource Center located in the Northern Virginia workforce area LWIA 11 and the following other agencies to be able to exchange this information:

- Virginia Employment Commission (VEC) and partner agencies/organizations of the SkillSource Center
- Other:

I want this information to be **exchanged ONLY** for the following purpose:

Service Coordination and Treatment Planning  
Eligibility Determination  
Job Readiness, Career Exploration, Job Search and Employment

I want information to be shared:

Written Information  
In meetings or by phone  
Computerized data

I want to share additional information received after this consent is signed:

This consent is good until:

- I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information.
- I want all the agencies to accept a copy of this form as a valid consent to share information.
- If I do not sign this form, information will not be shared and I will have to contact each agency individually to give them information about me that they need.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Person Explaining Form: \_\_\_\_\_

(NAME)

(TITLE)

(PHONE NUMBER)

Witness (if required): \_\_\_\_\_

(NAME)

(TITLE)

(PHONE NUMBER)



# County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

## **SKILLSOURCE CENTER EMPLOYMENT AND TRAINING PROGRAM CUSTOMER COMPLAINT PROCEDURE FAIRFAX COUNTY AND PRINCE WILLIAM COUNTY**

### **Purpose**

All customers of the *SkillSource* Centers have the right to comment about the quality of service they receive or if they believe an unfair determination was made about eligibility for training in the *SkillSource* Employment and Training Centers.

In order to maintain a harmonious and cooperative relationship between our customers, employers, partners and staff, it is the policy of the Centers to provide for the settlement of problems and differences through an orderly complaint procedure. Every customer, employer, partner or staff has the right to present his/her complaint in accordance with this established procedure free from interference, coercion, restraint, discrimination or reprisal.

### **Steps of the Procedure**

#### **Step 1: Contact the Center Manager**

The customer, employer, partner or staff shall present their complaint either verbally or in writing to the Center Manager. Please include the full name, address, and telephone number of the party/parties filing the complaint, the full name and location of the party against whom the complaint is made, a clear and concise statement of the facts, pertinent dates and time and the resolution requested. The Manager will consult with all individuals necessary to reach a correct, impartial and fair determination and shall provide the individual with an answer as soon as possible, but within two working days.

#### **Step 2: Contact the Program Manager**

If the resolution from Step 1 is not satisfactory to the individual or if the Manager fails to respond within the designated time period, the individual may file the complaint in writing to the Employment and Training Center Program Manager. The Program Manager will hear the complaint and render a decision in writing within ten working days.

#### **Step 3: Contact Fairfax Consumer Affairs**

If you feel that the problem has not been resolved, you may complete the on-line Fairfax County Consumer Complaint Form at: <http://www.fairfaxcounty.gov/hrc/complaints1.htm>

#### **Step 4: Contact Workforce Investment Board**

If you feel that you have been subjected to discrimination under a WIA funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with the recipient's Equal Opportunity Officer: David Hunn, Executive Director, Northern Virginia Workforce Investment Board, 8300 Boone Ave, Suite 450 Vienna VA 22182.

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I, AS A REPRESENTATIVE OF THE SKILLSOURCE CENTER, HAVE EXPLAINED THE INFORMATION CONTAINED IN THE THIS NOTIFICATION TO THE WIA APPLICANT/PARTICANT.

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

I, THE PARTICIPANT, AGREE THAT THIS NOTIFICATION HAS BEEN EXPLAINED TO ME, AND I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS FOR CLARIFICATION.

\_\_\_\_\_  
Signature of Applicant / Participant

\_\_\_\_\_  
Date



## Loudoun County, Virginia

www.loudoun.gov



Department of Family Services

102 Heritage Way, N.E., Suite 103, Leesburg, VA 20176-4544

(703) 777-0353 • Fax: (703) 771-5214

### **CAREER SUPPORT SERVICES (CSS) WORKFORCE RESOURCE CENTER (WRC), A SKILLSOURCE AFFILIATE COMPLAINT AND DISCRIMINATION REPORTING PROCEDURE**

#### **Purpose**

All customers of the WRC have the right to comment about the quality of service they receive or if they believe an unfair determination was made about eligibility for intensive and/or training services in the WRC.

In order to maintain a harmonious and cooperative relationship between our customers, employers, partners and staff, it is the policy of the WRC to provide for the settlement of problems and differences through an orderly complaint procedure. Every customer, employer, partner or staff has the right to present his/her complaint in accordance with this established procedure free from interference, coercion, restraint, discrimination or reprisal.

#### **WRC contact information**

Address: 102 Heritage Way, Suite 103, Leesburg, VA 20176

Telephone: (703) 777-0150

#### **Complaint Reporting Procedure**

##### **Step 1: Contact the Workforce Team Leader**

The customer, employer, partner or staff shall present their complaint either verbally or in writing to the Workforce Team Leader within 10 calendar days of the occurrence. Please include the full name, address, and telephone number of the party/parties filing the complaint, the full name and location of the party against whom the complaint is made, a clear and concise statement of the facts, pertinent dates and time and the resolution requested. The Workforce Team Leader will consult with all individuals necessary to reach a correct, impartial and fair determination and shall provide the individual with an answer as soon as possible, but within three working days.

##### **Step 2: Contact the Career Support Services (CSS) Division Manager**

If the resolution from Step 1 is not satisfactory to the individual or if the Workforce Team Leader fails to respond within the designated time period, the individual may file the complaint in writing to the CSS Division Manager within 5 calendar days following the completion of Step 1. The CSS Division Manager will hear the complaint and render a decision in writing within ten working days.

##### **Step 3: Contact the Department of Family Services (DFS) Director or Designee**

If the resolution from Step 2 is not satisfactory to the individual or if the CSS Division Manager fails to respond within the designated time period, the individual may file the complaint in writing to the DFS Director (or designee) within 5 calendar days following the completion of Step 2. The Director (or designee) will hear the complaint and render a decision in writing within ten working days.

#### **Discrimination Reporting Procedure**

If you feel that you have been subjected to discrimination under a WIA funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with the recipient's Equal Opportunity Officer: David Hunn, Executive Director, Northern Virginia Workforce Investment Board, 8300 Boone Ave, Suite 450 Vienna, VA 22182.

=====

I, AS A REPRESENTATIVE OF THE WORKFORCE RESOURCE CENTER, HAVE EXPLAINED THE INFORMATION CONTAINED IN THIS NOTIFICATION TO THE WIA APPLICANT/PARTICIPANT.

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

I, THE APPLICANT/PARTICIPANT, AGREE THAT THIS NOTIFICATION HAS BEEN EXPLAINED TO ME, AND I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS FOR CLARIFICATION.

\_\_\_\_\_  
Signature of Applicant / Participant

\_\_\_\_\_  
Date



**Northern Virginia Workforce Investment Board**  
**EQUAL OPPORTUNITY (EO) RIGHTS NOTIFICATION**

Equal Opportunity is the Law

This recipient is prohibited from discriminating on the ground of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in programs funded under the Workforce Investment Act, as amended (WIA), in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any WIA-funded program or activity. If you think that you may have been subjected to discrimination under a WIA funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with the recipient's Equal Opportunity Officer: David Hunn, Executive Director, Northern Virginia Workforce Investment Board, 8300 Boone Avenue, Suite 450 Vienna, VA 22182 or you may file a complaint directly with the Director, Directorate of Civil Rights (DCR), U.S. Department of Labor, 200 Constitution Avenue, NW Room N-4123, Washington, DC 20219. If you elect to file your complaint with the recipient, you must wait for the recipient issues a decision or until 60 days have passed, whichever is sooner, before filing with DCR (see address above). If the recipient has not provided you with a written decision within 60 days of the filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with DCR within 30 days of the expiration of the 60 day period. If you are dissatisfied with the recipient's resolution of your complaint, you may file a complaint with the DCR. Such complaint must be filed within 20 days of the date you received notice of the recipient's proposed resolution.

**\*Recipient-** means any entity to which federal financial assistance under any title of WIA is extended either directly or through the Governor or through another recipient (including any successor, assignee, or transferee of a recipient), but excluding the ultimate beneficiaries of the WIA-funded program or activity and the Governor. Recipient includes, but is not limited to: Job Corps Centers and Center operators (excluding federally-operated Job Corps Centers), State Employment Security Agencies, State-level agencies that administer WIA-funds, WIA grant recipients, Sub state grant recipients and service providers, as well as National Program recipients.

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I AS A REPRESENTATIVE OF THE SKILLSOURCE CENTER, HAVE EXPLAINED THE INFORMATION CONTAINED IN THE THIS NOTIFICATION TO THE WIA APPLICANT/PARTICANT.

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Signature of Representative

---

Date

I, THE PARTICIPANT, AGREE THAT THIS NOTIFICATION HAS BEEN EXPALINED TO ME, AND I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS FOR CLARIFICATION.

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Signature of Applicant / Participant

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Date



## Confidentiality Policy

As of December 2011

### Policy

It is the policy of the Northern Virginia Workforce Investment Board to protect the confidentiality of all Workforce Investment Act customer information.

**Maintenance and Release of Data:** Program Operators must collect data in order to document eligibility and provide services for Workforce Investment Act programs. The Northern Virginia Workforce Investment Board and its Program Operator, and subcontractors will make every effort to collect and store data in a manner that ensures it will not be accessible to anyone without authorized access. Data collected will only be used to document eligibility or provide a WIA service. Any other use of customer data will require written consent from the customer or customer's parent/legal guardian. Upon request, data can be released to the subject of the information.

**Access to Data:** Upon request, Program Operators shall make available to the Virginia Community College System and its designated agents, as well as to government authorities and its designated agents, access to all documents and working papers. Access includes the right of designated agents to obtain copies of working documents, as is reasonable and necessary to determine compliance with and ensure enforcement of the provisions of the Workforce Investment Act.

**Disclosure of Individual Identity:** The identity of any individual who furnishes information relating to an investigation, compliance review, or customer satisfaction survey, including the identity of any individual who files a complaint, must be kept confidential to the extent possible, consistent with a fair determination of the issue. If it is deemed necessary to disclose an individual's identity, this individual must be protected from retaliation.

By signing below, I acknowledge that I have explained this policy to the WIA customer.

NVWIB Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing below, I acknowledge that I have read and understand this policy. NVWIB Staff have explained this policy and have answered any questions I may have had.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_



VEC Local Office: \_\_\_\_\_

## VEC WIA Request of Confidential VEC Information

(authorized for use only by WIA Partners with a current VEC Data-sharing Agreement)

**This form MUST be completed in its entirety PRIOR to the release of any confidential VEC information.  
Consent is required each time confidential VEC information is requested.**

Agency/Entity Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Representative \_\_\_\_\_ Date \_\_\_\_\_

Client/Claimant Name \_\_\_\_\_

**Instructions for WIA Partner Representative:** The individual's consent below is required prior to submission to VEC.

When faxing this form to the local VEC office, send with a cover sheet on your agency's letterhead,  
including your name, address, phone, and fax number.

### Consent to Release Confidential Information

**Instructions for Client/Claimant:** Complete this section to consent to the release of information as described below.

Initial either or both lines below indicating the information to be released.

Sign, date and print your name where indicated.

I consent to allow the organization named above to request and obtain all available information about me from the  
Virginia Employment Commission's state government files concerning:

my employer information and the wages paid to me

my unemployment compensation benefits received.

I consent to this release on the condition that the information will only be used for the purpose of determining my  
eligibility for services under the Workforce Investment Act; that it will be kept confidential; and, that it will not be  
provided to any other entity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ SSN \_\_\_\_\_  
(Social Security Number)

### VEC LOCAL OFFICE USE

VEC Representative Providing Information \_\_\_\_\_ Date \_\_\_\_\_

Instructions for local VEC office: Use a hole punch to remove the PIN number from Benefit Payment History.  
Only VABS 07 and W6 screens should be provided.

**Send this form via VEC inter-office mail to: Central Office, Information Control, Room 201.**

Please do not send screen prints - just this form and the fax cover sheet, if applicable.

## JOB SEARCH LOG

Please note jobs applied for in the last month. Please apply for 10+ jobs a week.

DATE APPLIED	POSITION AND COMPANY	HOW DID YOU APPLY? (in-person, online, email, etc.)	STATUS/OUTCOME (Interview, hired someone else, resume on file, etc.)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
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9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

## JOB SEARCH LOG

Continued

DATE APPLIED	POSITION AND COMPANY	HOW DID YOU APPLY? (in-person, online, email, etc.)	STATUS/OUTCOME (Interview, hired someone else, resume on file, etc.)
21.			
22.			
23.			
24.			
25.			
26.			
27.			
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