Federal Emergency Unemployment Compensation Re- Employment and Eligibility Assessment Program

JOB SEARCH REPORT

Remember that you must make at least three verifiable contacts for full-time work each week.

Date	Employer Name	Employer Address	Contact Person	Position Applied For	Method of Application	Results

I certify that the contacts listed above are valid and represent a record of the efforts I have made to seek work.

Applicant_____ **Signature**_____ **Date**_____

Print Name