

Department of Social Services
JOB SEARCH / VERIFICATION LOG

1. Name of Business: _____ Telephone number: _____

Business Address: _____

Contact Type: In-Person Phone Online Contact Date: _____

If in-person or by phone, name of contact person and job title: _____

Time to complete contact: ____hrs. ____min. Travel time to complete contact: ____hrs. ____min.

Results of contact: _____

2. Name of Business: _____ Telephone Number: _____

Business Address: _____

Contact Type: In-Person Phone Online Contact Date: _____

If in-person or by phone, name of contact person and job title: _____

Time to complete contact: ____hrs. ____min. Travel time to complete contact: ____hrs. ____min.

Results of contact: _____

3. Name of Business: _____ Telephone number: _____

Business Address: _____

Contact Type: In-Person Phone Online Contact Date: _____

If in-person or by phone, name of contact person and job title: _____

Time to complete contact: ____hrs. ____min. Travel time to complete contact: ____hrs. ____min.

Results of contact: _____

4. Name of Business: _____ Telephone number: _____

Business Address: _____

Contact Type: In-Person Phone Online Contact Date: _____

If in-person or by phone, name of contact person and job title: _____

Time to complete contact: ____hrs. ____min. Travel time to complete contact: ____hrs. ____min

Results of contact: _____

The North Carolina Division of Social Services does not discriminate against any person on the basis of race, color, national origin, disability, sex, or age in the admission, treatment, or participation in its programs, services and activities, or in employment.

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5. Name of Business: _____ Telephone number: _____

Business Address: _____

Contact Type: In-Person Phone Online Contact Date: _____

If in-person or by phone, name of contact person and job title: _____

Time to complete contact: ____ hrs. ____ min. Travel time to complete contact: ____ hrs. ____ min.

Results of contact: _____

6. Name of Business: _____ Telephone number: _____

Business Address: _____

Contact Type: In-Person Phone Online Contact Date: _____

If in-person or by phone, name of contact person and job title: _____

Time to complete contact: ____ hrs. ____ min. Travel time to complete contact: ____ hrs. ____ min.

Results of contact: _____

7. Name of Business: _____ Telephone number: _____

Business Address: _____

Contact Type: In-Person Phone Online Contact Date: _____

If in-person or by phone, name of contact person and job title: _____

Time to complete contact: ____ hrs. ____ min. Travel time to complete contact: ____ hrs. ____ min.

Results of contact: _____

8. Name of Business: _____ Telephone number: _____

Business Address: _____

Contact Type: In-Person Phone Online Contact Date: _____

If in-person or by phone, name of contact person and job title: _____

Time to complete contact: ____ hrs. ____ min. Travel time to complete contact: ____ hrs. ____ min.

_____ **Department of Social Services**
JOB SEARCH / VERIFICATION LOG

Results of contact: _____

9. Name of Business: _____ Telephone number: _____

Business Address: _____

Contact Type: In-Person Phone Online Contact Date:

If in-person or by phone, name of contact person and job title: _____

Time to complete contact: ____ hrs. ____ min. Travel time to complete contact: ____ hrs. ____ min.

Results of contact: _____

I certify that the information given above is true and correct.

Client's Signature: _____ Date: _____

Caseworker's Signature: _____ Date: _____