

Healthways Services - Work Search Log

Name: _____

Week of: _____ to _____

Social Security #: _____ - _____ - _____

Number of Required searches: _____

Please make as many copies of this form as needed.

Date, Description of Work Search <small>(Ex: Applied for job, submitted resume, attended job fair, interviewed, used Workforce Center searched online)</small>	Name, Location and Telephone Number of Employer / Service / Agency <small>(For address, use street or Internet address)</small>	Contact Information <small>Complete all that apply.</small>	Results
Date of Activity Work Search Activity Type of Job	Name Address City, State, Zip Code Area Code + Phone # (.....).....	Person Contacted ___ By Mail (Enter Address at left) ___ E-Mail ___ Fax # (.....).....	___ Hired ___ Not hiring Start date ___ Application filed ___ Other
Date of Activity Work Search Activity Type of Job	Name Address City, State, Zip Code Area Code + Phone # (.....).....	Person Contacted ___ By Mail (Enter Address at left) ___ E-Mail ___ Fax # (.....).....	___ Hired ___ Not hiring Start date ___ Application filed ___ Other
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Keep this form for your records. Send a copy to Healthways Services only if requested by using the address or fax number provided.