

UNITED STATES PROBATION /PRETRIAL SERVICES JOB SEARCH LOG

NAME: _____

PACTS No.: _____

INSTRUCTIONS: You must complete the Job Search Log for every contact you make. You must show you made the required number of employer contacts (2 per day or as directed by the Probation Office) and/or participated in the in-person job-search activities each week. Employers may be recalled to verify any listed contacts. Logs must be turned in weekly or as directed by the Probation Office.

Contact #	DATE	Business Name & Complete Address or Worksource Office	Contact Information (include phone number for all contacts)	Person Contacted	Type of Work Description of Activity	Status/Results
1.		_____ Street Address or PO Box _____ City, State, Zip Code	<input type="checkbox"/> Mail <input type="checkbox"/> FAX # _____ <input type="checkbox"/> E-Mail _____ <input type="checkbox"/> In Person <input type="checkbox"/> Phone # _____	_____ Person Contacted _____ Type of Work / Activity	<input type="checkbox"/> Resume/Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up call <input type="checkbox"/> _____	
2.		_____ Street Address or PO Box _____ City, State, Zip Code	<input type="checkbox"/> Mail <input type="checkbox"/> FAX # _____ <input type="checkbox"/> E-Mail _____ <input type="checkbox"/> In Person <input type="checkbox"/> Phone # _____	_____ Person Contacted _____ Type of Work / Activity	<input type="checkbox"/> Resume/Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up call <input type="checkbox"/> _____	
3.		_____ Street Address or PO Box _____ City, State, Zip Code	<input type="checkbox"/> Mail <input type="checkbox"/> FAX # _____ <input type="checkbox"/> E-Mail _____ <input type="checkbox"/> In Person <input type="checkbox"/> Phone # _____	_____ Person Contacted _____ Type of Work / Activity	<input type="checkbox"/> Resume/Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up call <input type="checkbox"/> _____	
4.		_____ Street Address or PO Box _____ City, State, Zip Code	<input type="checkbox"/> Mail <input type="checkbox"/> FAX # _____ <input type="checkbox"/> E-Mail _____ <input type="checkbox"/> In Person <input type="checkbox"/> Phone # _____	_____ Person Contacted _____ Type of Work / Activity	<input type="checkbox"/> Resume/Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up call <input type="checkbox"/> _____	

5.		_____ Street Address or PO Box _____ City, State, Zip Code	<input type="checkbox"/> Mail <input type="checkbox"/> FAX # _____ <input type="checkbox"/> E-Mail _____ <input type="checkbox"/> In Person <input type="checkbox"/> Phone # _____	_____ Person Contacted _____ Type of Work / Activity	<input type="checkbox"/> Resume/Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up call <input type="checkbox"/> _____
6.		_____ Street Address or PO Box _____ City, State, Zip Code	<input type="checkbox"/> Mail <input type="checkbox"/> FAX # _____ <input type="checkbox"/> E-Mail _____ <input type="checkbox"/> In Person <input type="checkbox"/> Phone # _____	_____ Person Contacted _____ Type of Work / Activity	<input type="checkbox"/> Resume/Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up call <input type="checkbox"/> _____
7.		_____ Street Address or PO Box _____ City, State, Zip Code	<input type="checkbox"/> Mail <input type="checkbox"/> FAX # _____ <input type="checkbox"/> E-Mail _____ <input type="checkbox"/> In Person <input type="checkbox"/> Phone # _____	_____ Person Contacted _____ Type of Work / Activity	<input type="checkbox"/> Resume/Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up call <input type="checkbox"/> _____
8.		_____ Street Address or PO Box _____ City, State, Zip Code	<input type="checkbox"/> Mail <input type="checkbox"/> FAX # _____ <input type="checkbox"/> E-Mail _____ <input type="checkbox"/> In Person <input type="checkbox"/> Phone # _____	_____ Person Contacted _____ Type of Work / Activity	<input type="checkbox"/> Resume/Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interview <input type="checkbox"/> Follow-up call <input type="checkbox"/> _____