COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
VIEW PROGRAM

Participant's Name: _____

Case Name/ Case #: _____

Employment Services Worker: _____

Phone #: _____

Fax #: 703-777-0109

VIEW JOB SEARCH FORM

Important! Use this form to record the employer contacts and the number of hours for each contact you are required to make while you are looking for a job.

- You do not need to get the signatures of the employer contacts, but your Employment Services Worker may verify these contacts.

- You can count the hours that you spend in face-to-face interviews, the hours completing and turning in job applications or resumes, and the travel time between interviews (but not to the first interview each day or from the last interview each day).

- If you do not complete and sign each page of the form then return it to your Employment Services Worker by the due date, your TANF or TANF-UP benefits may be suspended!

REMEMBER YOU MUST:

- Spend at least _____ hours per week looking for a job.

    From _____ (begin date) to _____ (end date)

- Accept suitable job offers.

- Notify your Employment Services Worker as soon as you get a job.

- Complete and sign each page of the form and:

☐   Return the completed form to your Employment Services Worker by _____

☐   Keep this appointment with your Employment Services Worker on:

_____ / _____ / _____
          Date   Time   Address

Agency use only

Assigned hours for the month: _____

Holiday hrs used for the month (Group JS only): _____

Excused hrs used for the month (Group JS only): _____

Total countable hrs of participation for this activity for the month: _____

YOUR CONTACTS	DID YOU: (*Check any that apply*)
Address: Virginia Employment Commission Address: _____ _____ Type of job: _____ Person Contacted: _____ Date of Contact: _____	☐ Register: Result of Contact:_____ Contact Hours (circle) 1 2 3 4
Company: _____ Address: _____ _____ Type of job: _____ Person Contacted: _____ Date of Contact: _____	☐ Submit a Resume ☐ Submit an Application: ☐ Interview: Result of Contact: _____ Contact Hours (circle) 1 2 3 4

Job Search Form for: _____

Company: _____	☐ Submit a Resume
Address: _____	☐ Submit an Application:
_____	☐ Interview:
Type of job: _____	Result of Contact: _____
Person Contacted: _____	
Date of Contact: _____	Contact Hours (circle) 1 2 3 4
Company: _____	☐ Submit a Resume
Address: _____	☐ Submit an Application:
_____	☐ Interview:
Type of job: _____	Result of Contact: _____
Person Contacted: _____	
Date of Contact: _____	Contact Hours (circle) 1 2 3 4
Company: _____	☐ Submit a Resume
Address: _____	☐ Submit an Application:
_____	☐ Interview:
Type of job: _____	Result of Contact: _____
Person Contacted: _____	
Date of Contact: _____	Contact Hours (circle) 1 2 3 4
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Address: _____	☐ Submit an Application:
_____	☐ Interview:
Type of job: _____	Result of Contact: _____
Person Contacted: _____	
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_____	☐ Interview:
Type of job: _____	Result of Contact: _____
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Date of Contact: _____	Contact Hours (circle) 1 2 3 4

Signature of VIEW Participant: _____ Date: _____