

**South Carolina Department of Social Services**  
**SUPERVISED JOB SEARCH LOG**  
**JOB SEARCH VERIFICATION**

Client Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

Use this form to keep track of your job search. List **every** contact you make with an employer. You have an appointment to review your job search at the time listed below. Bring this completed form with you to the appointment.

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

Case Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Type:  In-Person  Phone  Online

If in-person or by phone, name of contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact Date: \_\_\_\_\_

Contact Results: \_\_\_\_\_

Time to complete contact: \_\_\_\_\_ hrs. \_\_\_\_\_ min. Travel time to complete contact: \_\_\_\_\_ hrs. \_\_\_\_\_ min.

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Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Type:  In-Person  Phone  Online

If in-person or by phone, name of contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact Date: \_\_\_\_\_

Contact Results: \_\_\_\_\_

Time to complete contact: \_\_\_\_\_ hrs. \_\_\_\_\_ min. Travel time to complete contact: \_\_\_\_\_ hrs. \_\_\_\_\_ min.

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Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Type:  In-Person  Phone  Online

If in-person or by phone, name of contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact Date: \_\_\_\_\_

Contact Results: \_\_\_\_\_

Time to complete contact: \_\_\_\_\_ hrs. \_\_\_\_\_ min. Travel time to complete contact: \_\_\_\_\_ hrs. \_\_\_\_\_ min.

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Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Type:  In-Person  Phone  Online

If in-person or by phone, name of contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact Date: \_\_\_\_\_

Contact Results: \_\_\_\_\_

Time to complete contact: \_\_\_\_\_ hrs. \_\_\_\_\_ min. Travel time to complete contact: \_\_\_\_\_ hrs. \_\_\_\_\_ min.

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Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Type:  In-Person  Phone  Online

If in-person or by phone, name of contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact Date: \_\_\_\_\_

Contact Results: \_\_\_\_\_

Time to complete contact: \_\_\_\_\_ hrs. \_\_\_\_\_ min. Travel time to complete contact: \_\_\_\_\_ hrs. \_\_\_\_\_ min.

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

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_