



Participant Name: \_\_\_\_\_

Senior Community Service

County: \_\_\_\_\_

Employment Program

Month: \_\_\_\_\_

### Employment Search Tracking Form

Company Name and Address	Phone Number and Contact Person	Yes or No to each question	Lead Source
Company Name _____ Street Address _____ State _____ Postal Code _____	Contact Person _____ Title _____ Phone Number _____	Application submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Interview scheduled: <input type="checkbox"/> Yes <input type="checkbox"/> No Interview completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Business card: <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____	<input type="checkbox"/> Cold Call <input type="checkbox"/> Newspaper <input type="checkbox"/> On-line <input type="checkbox"/> Word of Mouth Date: _____
Company Name _____ Street Address _____ State _____ Postal Code _____	Contact Person _____ Title _____ Phone Number _____	Application submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Interview scheduled: <input type="checkbox"/> Yes <input type="checkbox"/> No Interview completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Business card: <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____	<input type="checkbox"/> Cold Call <input type="checkbox"/> Newspaper <input type="checkbox"/> On-line <input type="checkbox"/> Word of Mouth Date: _____
Company Name _____ Street Address _____ State _____ Postal Code _____	Contact Person _____ Title _____ Phone Number _____	Application submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Interview scheduled: <input type="checkbox"/> Yes <input type="checkbox"/> No Interview completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Business card: <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____	<input type="checkbox"/> Cold Call <input type="checkbox"/> Newspaper <input type="checkbox"/> On-line <input type="checkbox"/> Word of Mouth Date: _____
Company Name _____ Street Address _____ State _____ Postal Code _____	Contact Person _____ Title _____ Phone Number _____	Application submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Interview scheduled: <input type="checkbox"/> Yes <input type="checkbox"/> No Interview completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Business card: <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____	<input type="checkbox"/> Cold Call <input type="checkbox"/> Newspaper <input type="checkbox"/> On-line <input type="checkbox"/> Word of Mouth Date: _____
<b>Career Center Monthly Assistance Location:</b> <i>I physically attended the local career center on this Date:</i>		In accordance with my Individual Employment Plan I have made sure that my registration reflects my duties, requirements, and skills from each assignment since I have been on the Senior Community Service Employment Program. Initials _____	

**Participant Signature:** My signature acknowledges that I have completed all requirements as stated in my Individual Employment Plan

Date \_\_\_\_\_