



Date: _____
Case name: _____
Case number: _____
County number: _____
Supervisor/worker number: __ / __

EMPLOYER CONTACT LIST

Who to contact:

Enter the name of the potential employer's business; the contact person (department head or person who does the hiring); the telephone number of the business; and the address of the business.

1. Name of business			
Contact person		Phone number	
Street address		City	State Zip

Contact dates	Type of Contact	Action	Results
	<input type="checkbox"/> face-to-face <input type="checkbox"/> phone <input type="checkbox"/> online <input type="checkbox"/> other _____	<input type="checkbox"/> submitted application <input type="checkbox"/> submitted resume <input type="checkbox"/> interview scheduled <input type="checkbox"/> follow-up <input type="checkbox"/> other	<input type="checkbox"/> interview completed <input type="checkbox"/> no job openings <input type="checkbox"/> call back later <input type="checkbox"/> referred to employment office for application <input type="checkbox"/> other

2. Name of business			
Contact person		Phone number	
Street address		City	State Zip

Contact dates	Type of Contact	Action	Results
	<input type="checkbox"/> face-to-face <input type="checkbox"/> phone <input type="checkbox"/> online <input type="checkbox"/> other _____	<input type="checkbox"/> submitted application <input type="checkbox"/> submitted resume <input type="checkbox"/> interview scheduled <input type="checkbox"/> follow-up <input type="checkbox"/> other	<input type="checkbox"/> interview completed <input type="checkbox"/> no job openings <input type="checkbox"/> call back later <input type="checkbox"/> referred to employment office for application <input type="checkbox"/> other

3. Name of business			
Contact person		Phone number	
Street address		City	State Zip

Contact dates	Type of Contact	Action	Results
	<input type="checkbox"/> face-to-face <input type="checkbox"/> phone <input type="checkbox"/> online <input type="checkbox"/> other _____	<input type="checkbox"/> submitted application <input type="checkbox"/> submitted resume <input type="checkbox"/> interview scheduled <input type="checkbox"/> follow-up <input type="checkbox"/> other	<input type="checkbox"/> interview completed <input type="checkbox"/> no job openings <input type="checkbox"/> call back later <input type="checkbox"/> referred to employment office for application <input type="checkbox"/> other

4. Name of business			
Contact person		Phone number	
Street address		City	State Zip

Contact dates	Type of Contact	Action	Results
	<input type="checkbox"/> face-to-face <input type="checkbox"/> phone <input type="checkbox"/> online <input type="checkbox"/> other _____	<input type="checkbox"/> submitted application <input type="checkbox"/> submitted resume <input type="checkbox"/> interview scheduled <input type="checkbox"/> follow-up <input type="checkbox"/> other	<input type="checkbox"/> interview completed <input type="checkbox"/> no job openings <input type="checkbox"/> call back later <input type="checkbox"/> referred to employment office for application <input type="checkbox"/> other

5. Name of business			
Contact person		Phone number	
Street address		City	State Zip

Contact dates	Type of Contact	Action	Results
	<input type="checkbox"/> face-to-face <input type="checkbox"/> phone <input type="checkbox"/> online <input type="checkbox"/> other _____	<input type="checkbox"/> submitted application <input type="checkbox"/> submitted resume <input type="checkbox"/> interview scheduled <input type="checkbox"/> follow-up <input type="checkbox"/> other	<input type="checkbox"/> interview completed <input type="checkbox"/> no job openings <input type="checkbox"/> call back later <input type="checkbox"/> referred to employment office for application <input type="checkbox"/> other

6. Name of business			
Contact person		Phone number	
Street address		City	State Zip

Contact dates	Type of Contact	Action	Results
	<input type="checkbox"/> face-to-face <input type="checkbox"/> phone <input type="checkbox"/> online <input type="checkbox"/> other _____	<input type="checkbox"/> submitted application <input type="checkbox"/> submitted resume <input type="checkbox"/> interview scheduled <input type="checkbox"/> follow-up <input type="checkbox"/> other	<input type="checkbox"/> interview completed <input type="checkbox"/> no job openings <input type="checkbox"/> call back later <input type="checkbox"/> referred to employment office for application <input type="checkbox"/> other

7. Name of business			
Contact person		Phone number	
Street address		City	State Zip

Contact dates	Type of Contact	Action	Results
	<input type="checkbox"/> face-to-face <input type="checkbox"/> phone <input type="checkbox"/> online <input type="checkbox"/> other _____	<input type="checkbox"/> submitted application <input type="checkbox"/> submitted resume <input type="checkbox"/> interview scheduled <input type="checkbox"/> follow-up <input type="checkbox"/> other	<input type="checkbox"/> interview completed <input type="checkbox"/> no job openings <input type="checkbox"/> call back later <input type="checkbox"/> referred to employment office for application <input type="checkbox"/> other

8. Name of business			
Contact person		Phone number	
Street address		City	State Zip

Contact dates	Type of Contact	Action	Results
	<input type="checkbox"/> face-to-face <input type="checkbox"/> phone <input type="checkbox"/> online <input type="checkbox"/> other _____	<input type="checkbox"/> submitted application <input type="checkbox"/> submitted resume <input type="checkbox"/> interview scheduled <input type="checkbox"/> follow-up <input type="checkbox"/> other	<input type="checkbox"/> interview completed <input type="checkbox"/> no job openings <input type="checkbox"/> call back later <input type="checkbox"/> referred to employment office for application <input type="checkbox"/> other

9. Name of business			
Contact person		Phone number	
Street address		City	State Zip

Contact dates	Type of Contact	Action	Results
	<input type="checkbox"/> face-to-face <input type="checkbox"/> phone <input type="checkbox"/> online <input type="checkbox"/> other _____	<input type="checkbox"/> submitted application <input type="checkbox"/> submitted resume <input type="checkbox"/> interview scheduled <input type="checkbox"/> follow-up <input type="checkbox"/> other	<input type="checkbox"/> interview completed <input type="checkbox"/> no job openings <input type="checkbox"/> call back later <input type="checkbox"/> referred to employment office for application <input type="checkbox"/> other

10. Name of business			
Contact person		Phone number	
Street address		City	State Zip

Contact dates	Type of Contact	Action	Results
	<input type="checkbox"/> face-to-face <input type="checkbox"/> phone <input type="checkbox"/> online <input type="checkbox"/> other _____	<input type="checkbox"/> submitted application <input type="checkbox"/> submitted resume <input type="checkbox"/> interview scheduled <input type="checkbox"/> follow-up <input type="checkbox"/> other	<input type="checkbox"/> interview completed <input type="checkbox"/> no job openings <input type="checkbox"/> call back later <input type="checkbox"/> referred to employment office for application <input type="checkbox"/> other

_____ Participant signature _____ Date

When you complete the form, return it to _____. A copy will be filed in your case record and the original will be returned to you for your records.