Claimant Name:	<u> </u>
JOB SEARCH LOG – ALL JOB CONTACTS MUST BE VERIFIABLE Please make additional copies as necessary	BY THE INSURANCE CARRIER
Name of Company	
Person Contacted	Phone Number
Position Applied For:	
Employer's Email Address:	
	was submitted Resume Emailed Resume Faxed Resume Mailed
Outcome:	
☐ Not Hiring ☐ Left Resume/Application ☐ Waiting For Response	Have Interview Scheduled Date
Other	
Other:	
Name of Company:	Phone Number:
Name of Company: Person Contacted:	
Name of Company: Person Contacted: Position Applied For:	Phone Number: Date:
Name of Company: Person Contacted:	Phone Number: Date:
Name of Company: Person Contacted: Position Applied For: Employer's Email Address:	Phone Number: Date:
Name of Company: Person Contacted: Position Applied For: Employer's Email Address: Applied in Person Applied on-line – attach confirmation application	Phone Number: Date: