Missouri Department of Economic Development
Missouri Division of Workforce Development

Missouri Employment & Training Program
JOB SEARCH LOG

PARTICIPANT'S NAME (Last, First, Middle)	DCN

Job Search Period Dates: _____ **to** _____

Return form to a Job Center on or before the 4th day of the following month.

Date: / Hours Spent	Business Name, Address & City: / Name & Phone Number of Contact:	Position Applied For: / Type of Contact:	Result:
			☐ Hired ☐ No Openings ☐ Interview & Date ☐ Other (Explain):
			☐ Hired ☐ No Openings ☐ Interview & Date ☐ Other (Explain):
			☐ Hired ☐ No Openings ☐ Interview & Date ☐ Other (Explain):
			☐ Hired ☐ No Openings ☐ Interview & Date ☐ Other (Explain):
			☐ Hired ☐ No Openings ☐ Interview & Date ☐ Other (Explain):

Position Applied For: _____

Type of Contact:

☐ In-Person ☐ Mailed/Faxed Application or Résumé

☐ On-line (List Location Applied From): _____

PARTICIPANT'S NAME (Last, First, Middle)	DCN

Date:	Business Name, Address & City:	Position Applied For:	Result:
Hours Spent	Name & Phone Number of Contact:	**Type of Contact:** ☐ In-Person ☐ Mailed/Faxed Application or Résumé ☐ On-line (List Location Applied From):	☐ Hired ☐ No Openings ☐ Interview & Date ☐ Other (Explain):
Date:	Business Name, Address & City:	Position Applied For:	Result:
Hours Spent	Name & Phone Number of Contact:	**Type of Contact:** ☐ In-Person ☐ Mailed/Faxed Application or Résumé ☐ On-line (List Location Applied From):	☐ Hired ☐ No Openings ☐ Interview & Date ☐ Other (Explain):
Date:	Business Name, Address & City:	Position Applied For:	Result:
Hours Spent	Name & Phone Number of Contact:	**Type of Contact:** ☐ In-Person ☐ Mailed/Faxed Application or Résumé ☐ On-line (List Location Applied From):	☐ Hired ☐ No Openings ☐ Interview & Date ☐ Other (Explain):
Date:	Business Name, Address & City:	Position Applied For:	Result:
Hours Spent	Name & Phone Number of Contact:	**Type of Contact:** ☐ In-Person ☐ Mailed/Faxed Application or Résumé ☐ On-line (List Location Applied From):	☐ Hired ☐ No Openings ☐ Interview & Date ☐ Other (Explain):
Date:	Business Name, Address & City:	Position Applied For:	Result:
Hours Spent	Name & Phone Number of Contact:	**Type of Contact:** ☐ In-Person ☐ Mailed/Faxed Application or Résumé ☐ On-line (List Location Applied From):	☐ Hired ☐ No Openings ☐ Interview & Date ☐ Other (Explain):

I certify that all of the information on this "METP Job Search Log" is true. _____

Signature of Participant

Office Use Only

Date Returned: _____ **Total Job Search Hours:** _____ **Job Center Contact:** _____ **Job Center Name:** _____

For additional information about Missouri Division of Workforce Development services, contact a Missouri Job Center near you. Locations and additional information are available at jobs.mo.gov or (888) 728-JOBS (5627).

Missouri Division of Workforce Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri TTY Users can call (800) 735-2966 or dial 7-1-1.