



## JOB SEARCH FORM

Job Search form must be submitted  every Monday  every other Monday by 4:00pm with \_\_\_\_\_ hours completed

Participant Name (Please print legibly) \_\_\_\_\_ OSST/ RFA Case # \_\_\_\_\_

Job Search for Week of \_\_\_\_\_ to \_\_\_\_\_

Employer's Name/Job Order#	Employer's Name/Job Order#
Employer Address/Website:	Employer Address/Website:
Date Completed	Date Completed
Job Title	Job Title
Start Time: _____ End Time: _____ Total Time: _____	Start Time: _____ End Time: _____ Total Time: _____
Staff Initials: _____ <input type="checkbox"/> Internal <input type="checkbox"/> External	Staff Initials: _____ <input type="checkbox"/> Internal <input type="checkbox"/> External
Employer's Name/Job Order#	Employer's Name/Job Order#
Employer Address/Website:	Employer Address/Website:
Date Completed	Date Completed
Job Title	Job Title
Start Time: _____ End Time: _____ Total Time: _____	Start Time: _____ End Time: _____ Total Time: _____
Staff Initials: _____ <input type="checkbox"/> Internal <input type="checkbox"/> External	Staff Initials: _____ <input type="checkbox"/> Internal <input type="checkbox"/> External
Employer's Name/Job Order#	Employer's Name/Job Order#
Employer Address/Website:	Employer Address/Website:
Date Completed	Date Completed
Job Title	Job Title
Start Time: _____ End Time: _____ Total Time: _____	Start Time: _____ End Time: _____ Total Time: _____
Staff Initials: _____ <input type="checkbox"/> Internal <input type="checkbox"/> External	Staff Initials: _____ <input type="checkbox"/> Internal <input type="checkbox"/> External
Employer's Name/Job Order#	Employer's Name/Job Order#
Employer Address/Website:	Employer Address/Website:
Date Completed	Date Completed
Job Title	Job Title
Start Time: _____ End Time: _____ Total Time: _____	Start Time: _____ End Time: _____ Total Time: _____
Staff Initials: _____ <input type="checkbox"/> Internal <input type="checkbox"/> External	Staff Initials: _____ <input type="checkbox"/> Internal <input type="checkbox"/> External

CareerSource Citrus Levy Marion is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers listed above may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711. If you need accommodations, please call 800 434-5627, ext. 7878 or e-mail [accommodations@careersourceclm.com](mailto:accommodations@careersourceclm.com). Please make request at least three business days in advance. CareerSource Florida Member.

Name: \_\_\_\_\_ OSST #: \_\_\_\_\_ Date Returned: \_\_\_\_\_

Week of: \_\_\_\_\_

Employer's Name/Job Order#	Employer's Name/Job Order#
Employer Address/Website:	Employer Address/Website:
Date Completed	Date Completed
Job Title	Job Title
Start Time: _____ End Time: _____ Total Time: _____ Staff Initials: _____ <input type="checkbox"/> Internal <input type="checkbox"/> External	Start Time: _____ End Time: _____ Total Time: _____ Staff Initials: _____ <input type="checkbox"/> Internal <input type="checkbox"/> External
Employer's Name/Job Order#	Employer's Name/Job Order#
Employer Address/Website:	Employer Address/Website:
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Employer's Name/Job Order#	Employer's Name/Job Order#
Employer Address/Website:	Employer Address/Website:
Date Completed	Date Completed
Job Title	Job Title
Start Time: _____ End Time: _____ Total Time: _____ Staff Initials: _____ <input type="checkbox"/> Internal <input type="checkbox"/> External	Start Time: _____ End Time: _____ Total Time: _____ Staff Initials: _____ <input type="checkbox"/> Internal <input type="checkbox"/> External
Employer's Name/Job Order#	Employer's Name/Job Order#
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Start Time: _____ End Time: _____ Total Time: _____ Staff Initials: _____ <input type="checkbox"/> Internal <input type="checkbox"/> External	Start Time: _____ End Time: _____ Total Time: _____ Staff Initials: _____ <input type="checkbox"/> Internal <input type="checkbox"/> External
Employer's Name/Job Order#	Employer's Name/Job Order#
Employer Address/Website:	Employer Address/Website:
Date Completed	Date Completed
Job Title	Job Title
Start Time: _____ End Time: _____ Total Time: _____ Staff Initials: _____ <input type="checkbox"/> Internal <input type="checkbox"/> External	Start Time: _____ End Time: _____ Total Time: _____ Staff Initials: _____ <input type="checkbox"/> Internal <input type="checkbox"/> External
Total Hours Submitted: _____ Staff Signature: _____ Date: _____	

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