

WORK SEARCH – CHILDREN FIRST

YOUR NAME: _____ CASE #: _____

YOUR ADDRESS: _____

PHONE NUMBER: _____

OTHER PARTY'S NAME: _____

Are you receiving Unemployment Compensation? Yes No

If yes, how much? \$ _____ / week

IF YOU ARE EMPLOYED:

Starting date: _____ Employer's name: _____

Employer's address: _____

Employer's phone number: _____ Rate of pay: \$ _____ per
(hour/week/month)

I declare that I have contacted all the places listed on this report.

Name

Date

CSA Initial

Return this form to:

Outagamie County Child Support Agency
Attention: Children First
320 S Walnut St
Appleton WI, 54911-5918
HHSCSESGeneral@Outagamie.org

- OVER -

Job contacts made for the week of _____, 20____

Date	Employer's name Address/Email and phone #		Application:		
			Paper	Email	Resume
1.	Employer & address				
	City	State	Zip code	Phone #	
2.	Employer & address				
	City	State	Zip code	Phone #	
3.	Employer & address				
	City	State	Zip code	Phone #	
4.	Employer & address				
	City	State	Zip code	Phone #	
5.	Employer & address				
	City	State	Zip code	Phone #	
6.	Employer & address				
	City	State	Zip code	Phone #	
7.	Employer & address				
	City	State	Zip code	Phone #	
8.	Employer & address				
	City	State	Zip code	Phone #	
9.	Employer & address				
	City	State	Zip code	Phone #	
0.	Employer & address				
	City	State	Zip code	Phone #	
1.	Employer & address				
	City	State	Zip code	Phone #	
2.	Employer & address				
	City	State	Zip code	Phone #	
3.	Employer & address				
	City	State	Zip code	Phone #	
4.	Employer & address				
	City	State	Zip code	Phone #	
5.	Employer & address				
	City	State	Zip code	Phone #	