

Complete and return form to: Jefferson County Child Support Agency
311 S. Center Ave., Rm. 219
Jefferson, WI 53549

Job Search Report Form

Payer's Name: _____ Payer's phone number: _____

Payer's Pin No: _____ Payer's Court Case number: _____

If you are employed:

Starting date: _____ Employer's name: _____

Employer's street address: _____ city: _____ state: _____ zip: _____

Employer phone number: _____ rate of pay \$ _____ per _____
(Hour/week/month)

If you are unemployed:

Date you applied for unemployment benefits: _____ Are you receiving unemployment benefits: _____

Use the spaces below to fill in information about the places you have applied for work.

Date
Application submitted

Company
Name

Street Address
& City

Company Contact phone #

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Your Signature

Date