

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: \_\_\_\_\_

The job search order requires you to search all available job openings including jobs found on-line at:

[www.jobcenterofwisconsin.com](http://www.jobcenterofwisconsin.com)

Provide copies of any on-line application confirmations

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

Date  
Application submitted

Company  
Name

Street Address  
& City

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date