

Claimant Name: _____

JOB SEARCH LOG – ALL JOB CONTACTS MUST BE VERIFIABLE BY THE INSURANCE CARRIER

Please make additional copies as necessary

Name of Company _____

Person Contacted _____ Phone Number _____

Position Applied For: _____ Date _____

Employer's Email Address: _____

Applied in Person Applied on-line – attach confirmation application was submitted Resume Emailed Resume Faxed Resume Mailed

Outcome:

Not Hiring Left Resume/Application Waiting For Response Have Interview Scheduled Date _____

Other: _____

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