



SANDUSKY COUNTY DEPARTMENT OF JOB & FAMILY SERVICES

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SEEK WORK REPORT FORM

NOTE: UNLESS COMPLETELY FILLED OUT, THIS REPORT WILL NOT BE CONSIDERED ACCEPTABLE.

NAME: _____

DATE: _____

SOCIAL SECURITY NUMBER: _____

CASE NUMBER: _____

DATE	PLACE CONTACTED (INCLUDE ADDRESS)	CONTACT PERSON/ INTERNET SITE	PHONE NUMBER	APPLICATION COMPLETED	NOT TAKING	LEFT MY RESUME

I STATE THAT THE ABOVE INFORMATION IS TRUE.

Signature: _____

Address: _____

Telephone Number: _____

DIVISION
Public Assistance
Children Services
Child Support
OhioMeansJobs

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