

WASHINGTON COUNTY JOB SEARCH FORM for the week ending _____

YOUR NAME: _____ CASEWORKER NAME: _____ CASE #: _____

If you obtain employment, you must contact the Washington County Child Support Agency at (262) 335-4377 within two business days.

Job Search Information / Applications:

Date of Application	Business Name/ Employer	Position Applied For	Name/Title of Contact Person (if any)	Business/Employer Address	Business/ Employer Phone Number	Result of Contact (Interview, job offer, etc.)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Workforce Development Center / Job Center (WDC) Visit:

INITIAL VISIT REQUIREMENT: For those residing in Washington, Ozaukee, or Waukesha Counties, you must present this form to the receptionist at your first visit and you will be provided a brief WDC orientation.

Washington County WDC:	2200 Green Tree Road, West Bend, WI 53090	Phone: (262)335-5300
Ozaukee County WDC:	5555 Highland Road, Mequon, WI 53092	Phone: (262)238-2880
Waukesha County WDC:	892 Main Street, Pewaukee, WI 53072	Phone: (262)695-7800

WDC STAFF ONLY: I certify that _____ attended the initial visit orientation on this date: _____ at the following location: Washington Ozaukee Waukesha **WDC Staff Signature:** _____ **Title:** _____

WEEKLY VISIT REQUIREMENT: You must report once per week and have staff certify that you utilized their services. A FREE assistant is available to answer any questions and to help with:

- Where and how to look for jobs
- How to answer interview questions
- Filling out job applications
- Job readiness workshops
- Referral to supportive/community services
- Resume review

Case Management Services:

- Career pathways information / education
- Upgrading skills / funding for school
- Earn while you learn options
- Supportive services
- One-on-one support while searching for a job

Case Management Programs:

- FSET: FoodShare recipients
- employMENT NOW: 18-24 year olds
- W-2: those with dependent kids
- Windows to Work: ex-offenders
- Dislocated workers: collecting UI
- WorkIT: those seeking IT jobs
- Veterans: Veterans
- DVR: those with disabilities
- Adult program: everyone else

WDC STAFF ONLY: I certify that _____ has utilized the resources available on this date: _____ at this location: _____ Time in: _____ Time out: _____ **WDC Staff Signature:** _____ **Title:** _____

I certify that I have searched for work at the above-listed places of business during the week noted above:

SIGN: _____ **DATE:** _____

This form must be submitted in person/mail AS ORDERED to Washington County Child Support Agency: **484 Rolfs Avenue, PO Box 1986, West Bend, WI 53095**
Phone: (262)335-4377 Fax: (262)335-5325

Child Support Agency Staff Only: This form was received on: _____ Initials: _____