

Work Search Form

Oklahoma Employment Security Commission

To the Claimant: You must complete and retain this form for future audits as a record of your work search. This will be your job search record.

Work Search Plan: (1) Two work search efforts
 (2) Temporary Layoff with Return to work date of
 (3) Union Worker Local

SSN		Name					
Claim Week	Date	Employer Name, Address, City, and State	Telephone Number	Name of Person Contacted	Method of Contact	Type of Work Applied For	Results
Week Beginning 08-31-08	9-1-08	Jack's Auto 29105 N.W. 199 th , OKC, OK	405-256-9999	Jack (Owner)	In Person	Mechanic	Not hiring
thru Week Ending 09-06-08	9-4-08	Fishbaum's Fritter House Mel.fishbaum@email.com	405-256-8888	No name provided	Email/resume	Head Cook	Will call if needed
Week Beginning							
thru Week Ending							
Week Beginning							
thru Week Ending							
Week Beginning							
thru Week Ending							
Week Beginning							
thru Week Ending							

I certify that I have provided true and correct statements and facts relating to my claim for unemployment benefits. I understand that the law provides penalties for false statements or failure to disclose material facts. I also understand that my claim may be audited. Date _____ Signature _____

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