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	e, Address, City, and State	Telephone Number	Name of Person Contacted	Method of Contact	Type of Work Applied For	Results	
Beginning 08-31-08	9-1-08	Jack's Auto 29105 N.W				In Person	Mechanic	Not hiring	
Week Ending 09-06-08	9-4-08	Fishbaum's Fritter Hous	e 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									

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			and the same of th							

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