



Weekly Work Search Activities Record

NAME (Please Print): _____

SOCIAL SECURITY NUMBER: _____

The law requires you to engage in an active search for work and submit proof of your job search efforts to be eligible for unemployment benefits. Three new work search activities must be completed and submitted as evidence of your work search efforts weekly for each week of benefits requested. Your work search record may be submitted online via dol.georgia.gov or by faxing this form to (404) 525-3605, (404) 525-3606 or 1-877-302-1573. A signature is required for the form to be complete. No other work search form will be accepted. Your work search activities reported are subject to verification by GDOL. Failure to submit a completed weekly work search record for any week claimed or listing unverifiable contacts may result in a denial and/or repayment of benefits. Retain a copy of this form for your records.

WHAT ACTIVITY DID YOU COMPLETE? (Check all that apply)		<input type="checkbox"/> Applied for a Job	<input type="checkbox"/> Inquired About a Job	<input type="checkbox"/> Created a Reemployment Plan
		<input type="checkbox"/> Created a Resume	<input type="checkbox"/> Attended a Job Fair	<input type="checkbox"/> Attended GDOL Work Shop
		<input type="checkbox"/> Other: _____		
METHOD OF CONTACT? (Check one) <input type="checkbox"/> Internet <input type="checkbox"/> In-Person <input type="checkbox"/> Email <input type="checkbox"/> Telephone		TYPE OF CONTACT? (Check one) <input type="checkbox"/> New <input type="checkbox"/> Follow Up		
Date of Contact: _____		Job Title/Job Requisition Number: _____		
Business Name: _____		Business Address/Website: _____		
Phone Number: _____		Person Contacted Name or Email Address (if applicable): _____		
WHAT WAS THE OUTCOME? (Check all that apply) <input type="checkbox"/> Interview <input type="checkbox"/> Job Offer <input type="checkbox"/> Application Accepted				

WHAT ACTIVITY DID YOU COMPLETE? (Check all that apply)		<input type="checkbox"/> Applied for a Job	<input type="checkbox"/> Inquired About a Job	<input type="checkbox"/> Created a Reemployment Plan
		<input type="checkbox"/> Created a Resume	<input type="checkbox"/> Attended a Job Fair	<input type="checkbox"/> Attended GDOL Work Shop
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METHOD OF CONTACT? (Check one) <input type="checkbox"/> Internet <input type="checkbox"/> In-Person <input type="checkbox"/> Email <input type="checkbox"/> Telephone		TYPE OF CONTACT? (Check one) <input type="checkbox"/> New <input type="checkbox"/> Follow Up		
Date of Contact: _____		Job Title/Job Requisition Number: _____		
Business Name: _____		Business Address/Website: _____		
Phone Number: _____		Person Contacted Name or Email Address (if applicable): _____		
WHAT WAS THE OUTCOME? (Check all that apply) <input type="checkbox"/> Interview <input type="checkbox"/> Job Offer <input type="checkbox"/> Application Accepted				

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WHAT WAS THE OUTCOME? (Check all that apply) <input type="checkbox"/> Interview <input type="checkbox"/> Job Offer <input type="checkbox"/> Application Accepted				

CERTIFICATION STATEMENT: I understand the law provides severe penalties for any person making false statement(s) or false representation(s) of a material fact to obtain benefits. I understand that I may be asked to provide proof of the job search activities reported. I certify that the information reported is true, correct and verifiable.

Signature: _____

Date: _____