

## **WARREN COUNTY GENERAL ASSISTANCE**

BETSY STURSMA DIRECTOR SARAH DOWNARD COORDINATOR

## **JOB SEARCH FORM**

EMPLUYER:	EMPLUYER:
ADDRESS:	ADDRESS:
PHONE NUMBER:	PHONE NUMBER:
PERSON	PERSON
CONTACTED:	CONTACTED:
DATE OF CONTACT:	DATE OF CONTACT:
EMPLOYED	EMPLOYED
EMPLOYER:	EMPLOYER:
ADDRESS:	ADDRESS:
DUONE NUMBER	
PHONE NUMBER:	PHONE NUMBER:
PERSON CONTACTED:	PERSON CONTACTED:
DATE OF CONTACT:	DATE OF CONTACT:
EMPLOYER:	EMPLOYER:
ADDRESS:	ADDRESS:
PHONE NUMBER:	PHONE NUMBER:
PERSON CONTACTED:	PERSON CONTACTED:
DATE OF CONTACT:	DATE OF CONTACT:
EMPLOYER:	EMPLOYER:
	-
ADDRESS:	ADDRESS:
PHONE NUMBER:	PHONE NUMBER:
PERSON	PERSON
CONTACTED:	CONTACTED:
DATE OF CONTACT:	DATE OF CONTACT:



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## **JOB SEARCH FORM**

Name of Applicant:	
Mailing Address:	
Phone Number:	
Date of Birth:	
<u>If you cannot prove</u>	that you work 20 or more hours per week:
Job searches can be completed on	lline, in person, or through WeLift Job Search Center.
Online applications: Require documentary	tion of the actual job search emails.
<ul> <li>In person applications: May be verified be</li> </ul>	by General Assistance.
	1 job coaching, resume building, interviewing practice, connections to ter lab. All services are free thanks to all their donors. WeLift can provide a ed.
weliftjobsearchcenter.org	WeLift Staff Name:
106 E 2nd Ave	Signature:
Indianola, IA 50125, USA	Date:
weliftjobsearch@gmail.com	
(515) 962-5017	
Once form is completed, p	olease call 515-962-5132 to schedule an appointment.
*You will not be eligible for as	ssistance until form is completed and returned each month.
	as entirety before receiving a second month of assistance in a 12-month of the employers you have listed, verifying your contact.
Applicant Signature	Date
Staff Signature	Date
Client Number CSN Number	

1007 SOUTH JEFFERSON WAY, INDIANOLA, IOWA 50125
PHONE: 515-962-5132 FAX: 515-961-1142

<u>GA@WARRENCOUNTYIA.ORG</u>

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