

## LIBERTY TOWNSHIP EMPLOYMENT SEARCH FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

This form is to be completed by every adult in the household who is unemployed and does not have documentation from a doctor that they are unable to work.

I understand I must contact 3 (three) possible employers per week until employment has been found and this office notified. **Signatures are required for in-person applications and online and email applications require a printed application receipt.** Failure to complete and return this form to the trustee's office every Friday by 4:00 PM will result in a 60-day denial. My eligibility for future assistance from the Liberty Township Trustee depends on this proof of my search for work.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Company/Employer Contacted _____
Address _____ Phone _____
Date Contacted _____ Interview Scheduled? _____
Position(s) applied for _____
Type Of contact (circle all that apply): Company Application/Resume/Email/Mail/Fax/Online App.
Name or Signature of Personnel Representative _____
*For online applications, print the confirmation that is received and submit with this form.

Company/Employer Contacted _____
Address _____ Phone _____
Date Contacted _____ Interview Scheduled? _____
Position(s) applied for _____
Type Of contact (circle all that apply): Company Application/Resume/Email/Mail/Fax/Online App.
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Name or Signature of Personnel Representative _____
*For online applications, print the confirmation that is received and submit with this form.

**Until you have employment that will sustain your needs, it is your full-time job to search for work. Only positions for which you have actually submitted applications will be considered and count towards the 3 required searches per week. All searches may be verified. Falsifying this information will result in an automatic 60-day denial (IC 12-2010-I Failure to seek employment, IC 140.01 Falsifying Application).**