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| PARTICIPANT'S NAME (Last, First, Middle) | DCN |
|------------------------------------------|-----|

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| Job Search Period Dates: _____ to _____ | Return form to a Job Center on or before the 4th day of the following month. |
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|--------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Date: _____ | Business Name, Address & City: _____ _____ _____ | Position Applied For: _____ | Result: |
| Hours Spent _____ | Name & Phone Number of Contact: _____ _____ | Type of Contact: | <input type="checkbox"/> Hired |
| | | <input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/Faxed Application or Résumé | <input type="checkbox"/> No Openings |
| | | <input type="checkbox"/> On-line (List Location Applied From): _____ | <input type="checkbox"/> Interview & Date |
| | | | <input type="checkbox"/> Other (Explain): _____ _____ |

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| | | | <input type="checkbox"/> Other (Explain): _____ |

I certify that all of the information on this "METP Job Search Log" is true. _____
Signature of Participant

Office Use Only

Date Returned: _____ **Total Job Search Hours:** _____ **Job Center Contact:** _____ **Job Center Name:** _____

For additional information about Missouri Division of Workforce Development services, contact a Missouri Job Center near you. Locations and additional information are available at jobs.mo.gov or (888) 728-JOBS (5627).