

## Job Search Report

NAME:  
PIN:  
IV-D Case(s):

**Fill in the requested information and return to:**

SAUK CO CHILD SUPPORT AGENCY  
COURTHOUSE  
515 OAK ST, 2ND FL  
BARABOO WI 53913

**If you are employed:**

Starting date: \_\_\_\_\_ Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Payroll office's phone number: \_\_\_\_\_ Rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_  
(hour/week/month)

**If you are unemployed:**

Date that you registered for work at Wisconsin Job Center: \_\_\_\_\_

Use the spaces below to fill in information about the places you have applied for work.

|     | Date  | Company Name | Street address | City  | Phone |
|-----|-------|--------------|----------------|-------|-------|
| 1.  | _____ | _____        | _____          | _____ | _____ |
| 2.  | _____ | _____        | _____          | _____ | _____ |
| 3.  | _____ | _____        | _____          | _____ | _____ |
| 4.  | _____ | _____        | _____          | _____ | _____ |
| 5.  | _____ | _____        | _____          | _____ | _____ |
| 6.  | _____ | _____        | _____          | _____ | _____ |
| 7.  | _____ | _____        | _____          | _____ | _____ |
| 8.  | _____ | _____        | _____          | _____ | _____ |
| 9.  | _____ | _____        | _____          | _____ | _____ |
| 10. | _____ | _____        | _____          | _____ | _____ |
| 11. | _____ | _____        | _____          | _____ | _____ |
| 12. | _____ | _____        | _____          | _____ | _____ |

If you have more contacts to report, write them on the back of this report.

**I declare, under penalty of perjury, that the foregoing, including any attachments, is complete, true, and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date