Name:	Case #	Number of contacts due:	Contacts made:
Case worker:	Telephone #:		
Use this form to keep track of your job search conta offered a job or if you accept a job.	cts. Your contacts may be veri	fied by your case worker. You must let you	r worker know if you are
You may visit your local work force development of		your area. If you do not know where the o	ffice is located, please ask your
case worker or DCF office customer service represer On-line job resources - Check on-line for your city wo		ry one of these:	
jobs.aol.com usjobresourc		indtherightjob.com snagajob.com jobs.ks.gov jobs-resource.com	

DATE of contact		Employer contact Name, Address, Contact Person and Telephone #	Application type			Agency verification
Con	tact		Fax/Mail	On-line	In person	
1						
2						
3						
4						
5						
6						
7						
8						
9						

FOOD ASSISTANCE EMPLOYER CONTACT RECORD

ES-4306F 05-13

Date:

DATE	Employer Contact Name, Address, Contact Person and Telephone #	Fax/Mail	On-line	In person	Agency verification
10					
l1					
L2					
13					
14					
15					
16					
17					
18					
19					
20					
	TOTALS				

Signed:_____