

EMPLOYER CONTACT SHEET

WA-2447
10-1-06

NAME: _____ **SS # :** _____ **WORKER'S NAME**

Complete **ALL** information regarding employers with whom you leave an application or have an interview. The employers listed will be contacted to verify the information. Failure to comply without good cause will result in penalty/denial of cash, medical, and food benefits for my entire household.

#	DATE Contacted	EMPLOYER NAME Address & Phone	PERSON CONTACTED Full Name & Title	APPLIED Yes or No	INTERVIEWED Yes or No	JOB OFFERED Yes or No	Verification Results
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Sign, date and bring this to the next session. Your signature below certifies that the information on this form is correct.

SIGNATURE _____

DATE