

State of Florida
Department of Corrections

JOB SEARCH LOG

OFFENDER NAME: _____

SUPERVISING OFFICER: _____

The following employment contacts have been made on the dates indicated below. This information is required by my officer to document attempts I have made in obtaining a job. I certify these contacts were made and understand that my officer may verify these contacts to ensure I am searching diligently for a job.

Offender Signature/Date

Date/Time	Name & Address of Company/Business	Name of Contact Person/Interviewer & Phone Number	Result