

GRADUATED REENTRY JOB SEARCH LOG

Participant name:		DOC number:	Date:	
numbers of the employ	ers you plan to contac nd the results of the co	ch each morning, list the name t. After making the contact, re ontact (left resume, filled out a	ecord the name	and title of
Name of business	Address and Phone number	Name and Title of contact person	Result	Time of day
verify that this informa	ation is true and correc	t to the best of my knowledge		
Signature		_		
zigilataro				

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 003-03, RCW 42.56, RCW 40.14.