



Division of Career and Technical Education

**JOB SEARCH RECORD**

- AG
- BCE
- CDE
- DCT
- DCT-H
- HSE
- ICE
- MKT
- PS
- WEP

Student's Name \_\_\_\_\_ Week of \_\_\_\_\_

You must visit at least two businesses on a daily basis until you are hired. Fill out this form and return to your teacher for proper OJT credit at the end of each week. Business cards must be numbered and attached to this form. Number on card should match the number listed on this form.

1. Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Job Applied for: \_\_\_\_\_ Contact Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_

2. Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Job Applied for: \_\_\_\_\_ Contact Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_

3. Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Job Applied for: \_\_\_\_\_ Contact Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_

4. Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Job Applied for: \_\_\_\_\_ Contact Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_

5. Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Job Applied for: \_\_\_\_\_ Contact Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_

6. Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Job Applied for: \_\_\_\_\_ Contact Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_

7. Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Job Applied for: \_\_\_\_\_ Contact Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_

8. Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Job Applied for: \_\_\_\_\_ Contact Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_

9. Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Job Applied for: \_\_\_\_\_ Contact Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_

10. Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Job Applied for: \_\_\_\_\_ Contact Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_