DOUGLAS COUNTY
DEPARTMENT OF GENERAL ASSISTANCE
4102 WOOLWORTH AVENUE, OMAHA NE 68105

JOB SEARCH FORM

NAME:_____ SSN:_____ CASE WORKER:_____

Employer#1_____Date of application_____

Address_____Position_____

Contact Person? _____ Telephone number_____

Were you interviewed? ☐ Yes ☐ No Date/time of interview _____

Employer#2_____Date of application_____

Address_____Position_____

Contact Person? _____ Telephone number_____

Were you interviewed? ☐ Yes ☐ No Date/time of interview _____

Employer#3_____Date of application_____

Address_____Position_____

Contact Person? _____ Telephone number_____

Were you interviewed? ☐ Yes ☐ No Date/time of interview _____

Employer#4_____Date of application_____

Address_____Position_____

Contact Person? _____ Telephone number_____

Were you interviewed? ☐ Yes ☐ No Date/time of interview _____

Employer#5_____Date of application_____

Address_____Position_____

Contact Person? _____ Telephone number_____

Were you interviewed? ☐ Yes ☐ No Date/time of interview _____

Print Form