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| --- | --- | --- |
| 1.Date of Contact: | 2.Time of Contact: | 3.Cert. Number: |
| 4.LWIA #: | 5.Customer SSN: XXX-XX- | 6.Customer Phone: |
| 7.Customer Name: | | |
| 8.LWIA Contact: | | 9.LWIA Phone: |
| 10.LWIA Address: | | |
| **11.Check All Job Search Activities Completed:** The LWIA is asked to check all job search activities completed by the LWIA and Customer during visit:  Attended Resume Workshop   Started Resume   Completed Resume   Faxed Resume to Suitable Employers  Attended Interviewing Skills Workshop  Attended Job Search Skills Workshop | | |
| 12.Customer Signature: | | |
| 13.LWIA Signature: | | |

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| --- | --- | --- |
| 1.Date of Contact: | 2.Time of Contact: | 3.Cert. Number: |
| 4.LWIA #: | 5.Customer SSN: XXX-XX- | 6.Customer Phone: |
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