|  |  |  |
| --- | --- | --- |
| 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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