

**Guernsey County
Department Of
Job and Family Services**
324 Highland Avenue
Cambridge, OH 43725



**Guernsey County
Child Support
Enforcement Agency**
324 Highland Avenue
Cambridge, OH 43725

We are committed to provide the highest quality of services which promote independence and well-being for all of the individuals and families our agency serves.

Date: _____

Instructions for Completion of Seek Work Report Sheets

The number of contracts required per week or month will be in your order to seek work. Fill in the requested information on the forms provided.

On these forms there is a line for the signature of the employer or person contacted for work. If you request them to sign that you have been in , most employers will be happy to do so. If for some reason they refuse to sign, include an explanation of the circumstances. These will be checked for accuracy of information provided.

If your contacts are of city/state, where you have mailed a resume or application and a signature is not possible, attach a copy of your cover letter to the Seek Work Sheet.

Be sure to turn in your Seek Works monthly as ordered, in person or by mail to Guernsey County CSEA, Cambridge, OH 43725.

Additional Seek Work sheets are also available upon request at the above address.

To insure proper credit, please complete as instructed all Seek Work sheets and either print or write legibly. Be sure to fill in your name and return to this agency in a timely manner as per your court order. Compliance will be monitored and failure to comply to your Seek Work order can result in a contempt of court.

If you fail to find work within 3-6 months, you may be brought back for review.

SeekWork Rev. 7/16/06

Phone 740-432-2381

Toll Free 1-800-307-8422

Fax 740-432-1952

Case Number(s)

Custodial Parent Name(s)

I, _____, have been Court ordered to seek employment, I have made the following contacts.

Name of Employer: _____

Address: _____

Person Contacted: _____

Date of Contact: _____

Status: _____

Signature of Contacted Employer: _____

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Address: _____

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Date of Contact: _____

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