



State of Illinois
Department of Human Services
SNAP Employment and Training
Job Search Notice and Report

EMPLOYER: _____ ADDRESS: _____ TYPE OF JOB: _____	TYPE OF CONTACT DATE OF CONTACT: _____ <input type="checkbox"/> APPLICATION <input type="checkbox"/> INTERVIEW <input type="checkbox"/> RESUME <input type="checkbox"/> OTHER/EXPLAIN _____ PERSON/CONTACTED: _____ TELEPHONE NUMBER: _____
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