

## WARREN COUNTY GENERAL ASSISTANCE

BETSY STURSMA DIRECTOR SARAH DOWNARD COORDINATOR

## **JOB SEARCH FORM**

Name of Applicant:	
Mailing Address:	
Phone Number:	
Date of Birth:	

## <u>\*Per Warren County Codes and Ordinance:</u> Title I – Policies and Administration, Chapter 3.11 Requirements for Receiving Assistance (https://www.warrencountyia.gov/government/publicsafety/county-ordinances/);

If you cannot prove that you work 20 or more hours per week: you will not be eligible for additional assistance until form is completed and returned each month.

By signing, you agree to complete this form in its entirety before receiving a second month of assistance in a 12-month period. You also agree to let us check with any of the employers you have listed, verifying your contact. Once this form is complete, please call to make an appointment with General Assistance.

Applicant Signature	Date
Staff Signature	Date

Client Number

CSN Number

Job searches can be completed online, in person, and through WeLift Job Search Center.

- Online applications: Require documentation of the actual job search emails.
- In person applications: May be verified by General Assistance.
- WeLift Job Search Center: Offers 1 on 1 job coaching, resume building, interviewing practice, connections to additional resources, and have a computer lab. All services are free thanks to all their donors. WeLift can provide a signature that an application is completed.

weliftjobsearchcenter.org	WeLift Staff Name:
106 E 2nd Ave	Signature:
Indianola, IA 50125, USA	Completion Date:
weliftjobsearch@gmail.com	
(515) 962-5017	

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## **JOB SEARCH FORM**

EMPLOYER:	EMPLOYER:
ADDRESS:	ADDRESS:
PHONE NUMBER:	PHONE NUMBER:
PERSON	PERSON
CONTACTED:	CONTACTED:
DATE OF CONTACT:	DATE OF CONTACT:
WeLIFT:	WeLIFT:
EMPLOYER:	EMPLOYER:
ADDRESS:	ADDRESS:
PHONE NUMBER:	PHONE NUMBER:
PERSON	PERSON
CONTACTED:	CONTACTED:
DATE OF CONTACT:	DATE OF CONTACT:
WeLIFT:	WeLIFT
EMPLOYER:	EMPLOYER:
ADDRESS:	ADDRESS:
PHONE NUMBER:	PHONE NUMBER:
PERSON	PERSON
CONTACTED:	CONTACTED:
DATE OF CONTACT:	DATE OF CONTACT:
WeLIFT:	WeLIFT:
EMPLOYER:	EMPLOYER:
ADDRESS:	ADDRESS:
PHONE NUMBER:	PHONE NUMBER:
PERSON	PERSON
CONTACTED:	CONTACTED:
DATE OF CONTACT:	DATE OF CONTACT:
WeLIFT:	WeLIFT:

1007 SOUTH JEFFERSON WAY, INDIANOLA, IOWA 50125 PHONE: 515-962-5132 FAX: 515-961-1142 <u>GA@WARRENCOUNTYIA.ORG</u> HTTPS://WWW.WARRENCOUNTYIA.GOV/GOVERNMENT/COUNTY-ADMINISTRATION/GENERAL-ASSISTANCE/