

CITY OF ROCKLAND
GENERAL ASSISTANCE OFFICE
JOB SEARCH / EMPLOYMENT VERIFICATION

Issued to: _____ Date: _____

You are to apply in person (telephone calls not acceptable) and leave an application or resume at each company you list on this form at _____ businesses each week.

DATE/TIME Company _____
Address _____
Person I spoke with _____
Position I applied for _____ Phone _____
Results of application: ()Left application ()Interviewed ()Not hiring

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