

Employer Contact Tracking Form

Job Seeker Name: _____ Last 4 of SSN: _____ Date: _____

Company Name: _____ Contact Person: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Initial Date of Contact	<input type="checkbox"/> In Person <input type="checkbox"/> Over the Phone <input type="checkbox"/> Email <input type="checkbox"/> Internet <input type="checkbox"/> Postal Mail <input type="checkbox"/> Other	Results
Follow-Up Date	<input type="checkbox"/> In Person <input type="checkbox"/> Over the Phone <input type="checkbox"/> Email <input type="checkbox"/> Internet <input type="checkbox"/> Postal Mail <input type="checkbox"/> Other	Results
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