

## Job Search Report

NCP:  
PIN:  
IV-D Case(s):

**Fill in the requested information and return to:**

ONEIDA NATION CHILD SUPPORT  
PO BOX 365  
ONEIDA WI 54155 0365

**If you are employed:**

Starting date: \_\_\_\_\_ Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Payroll office's phone number: \_\_\_\_\_ Rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_  
(hour/week/month) \_\_\_\_\_

**If you are unemployed:**

Date that you registered for work at Wisconsin Job Center: \_\_\_\_\_

Use the spaces below to fill in information about the places you have applied for work.

Date	Company Name	Street address	City	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____

If you have more contacts to report, write them on the back of this report.

**I declare, under penalty of perjury, that the foregoing, including any attachments, is complete, true, and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Signature Date