

WORK SEARCH (JOB TRAINING CENTER WORKSHOP) REPORT

NAME: _____ **CASE #** _____

INSTRUCTIONS: Pursuant to a Seek Work Order. Please have the Job Training Center Instructor initial this form after the completion of each workshop. Please bring the original copy to the local child support agency (LCSA) at: 1005 VISTA WAY, STE A, RED BLUFF, and CA 96080-4591 at the time of your initial court ordered work search review. Please keep a copy of this form for your records and to use for future court hearings.

PERIOD REPORTED: FROM _____ **TO** _____

Date(s) of Attendance	Title of workshop Completed	Instructor Initial
	Resume	
	Cover Letter	
	Interview Skills	
	Job Search	
	Career Direction	

declare under penalty of perjury under the laws of the State of California that this report is true and correct.

SIGNATURE

DATE

CURRENT ADDRESS	TELEPHONE NUMBER
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