

**Job Search Report**

NCP name: \_\_\_\_\_

NCP SSN: \_\_\_\_\_

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

MARQUETTE CO CHILD SUPPORT  
COURTHOUSE, 77 WEST PARK ST  
PO BOX 187  
MONTELLO WI 53949 0187

**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 \_\_\_\_\_