

LANCASTER COUNTY GENERAL ASSISTANCE
3140 "N" Street, Suite 2106, Lincoln/Lancaster County Health Department
Lincoln, NE 68510 Telephone 402-441-3095

Name:

Caseworker:

You are required to make a good faith effort in actively seeking employment to be/remain eligible for general assistance. A good faith effort is further defined as; providing the name, address and phone number, contact person and other pertinent information of at least five (5) prospective employers per week with whom you have completed and filed an application for employment. **(* All on-line applications require a printed proof of acceptance document to be valid)** The prospective employer must have a current position vacancy for which you honestly believe you are qualified to hold/fill. You may apply only once during any 90 day period of time for the same position vacancy. Failure to complete and turn in this form, which is used to document your good faith effort to seek employment, within the dates specified shall be a violation of the approved case plan and shall constitute valid reason for closing your case file.

Weeks Starting:

Report must be returned to your worker by:

1. Date of Application	Name of Business	Address of Business	Method of Application
Position Title	Contact Person	Business Phone Number	Signature of Contact Person
2. Date of Application	Name of Business	Address of Business	Method of Application
Position Title	Contact Person	Business Phone Number	Signature of Contact Person
3. Date of Application	Name of Business	Address of Business	Method of Application
Position Title	Contact Person	Business Phone Number	Signature of Contact Person
4. Date of Application	Name of Business	Address of Business	Method of Application
Position Title	Contact Person	Business Phone Number	Signature of Contact Person
5. Date of Application	Name of Business	Address of Business	Method of Application
Position Title	Contact Person	Business Phone Number	Signature of Contact Person
6. Date of Application	Name of Business	Address of Business	Method of Application
Position Title	Contact Person	Business Phone Number	Signature of Contact Person
7. Date of Application	Name of Business	Address of Business	Method of Application
Position Title	Contact Person	Business Phone Number	Signature of Contact Person
8. Date of Application	Name of Business	Address of Business	Method of Application
Position Title	Contact Person	Business Phone Number	Signature of Contact Person

9. Date of Application	Name of Business	Address of Business	Method of Application
Position Title	Contact Person	Business Phone Number	Signature of Contact Person
10. Date of Application	Name of Business	Address of Business	Method of Application
Position Title	Contact Person	Business Phone Number	Signature of Contact Person
11. Date of Application	Name of Business	Address of Business	Method of Application
Position Title	Contact Person	Business Phone Number	Signature of Contact Person
12. Date of Application	Name of Business	Address of Business	Method of Application
Position Title	Contact Person	Business Phone Number	Signature of Contact Person
13. Date of Application	Name of Business	Address of Business	Method of Application
Position Title	Contact Person	Business Phone Number	Signature of Contact Person
14. Date of Application	Name of Business	Address of Business	Method of Application
Position Title	Contact Person	Business Phone Number	Signature of Contact Person
15. Date of Application	Name of Business	Address of Business	Method of Application
Position Title	Contact Person	Business Phone Number	Signature of Contact Person
16. Date of Application	Name of Business	Address of Business	Method of Application
Position Title	Contact Person	Business Phone Number	Signature of Contact Person
17. Date of Application	Name of Business	Address of Business	Method of Application
Position Title	Contact Person	Business Phone Number	Signature of Contact Person
18. Date of Application	Name of Business	Address of Business	Method of Application
Position Title	Contact Person	Business Phone Number	Signature of Contact Person
19. Date of Application	Name of Business	Address of Business	Method of Application
Position Title	Contact Person	Business Phone Number	Signature of Contact Person
20. Date of Application	Name of Business	Address of Business	Method of Application
Position Title	Contact Person	Business Phone Number	Signature of Contact Person