



# GEORGIA DEPARTMENT OF LABOR

## Weekly Work Search

**Request Error - #22 - Please enter type of work you were seeking.**

Enter your name, telephone number and the week-ending date of your work search record in the fields provided below.

Fields marked with an asterisk \* are required

1 **Your name \***  
(First name Middle initial Last name)

2 **Enter a telephone number where you can be reached, if additional information is needed**  
(Note: Failure to furnish a contact phone number may delay future payments.)

3 **Enter the week ending date of your work search \***  
(Note: A benefit week begins on Sunday and ends on Saturday at midnight).     
Month Day Year

Complete the following information regarding your work search efforts. Be sure to answer all questions. Failure to do so may result in a delay or denial of future benefits.

### Employer Information # 01

4 **Employer name \***

5 **Employer phone number**

6 **Employer address, Apt./Suite # \***

\*     
City State Zip Code

7 **Name of the person you contacted, if applicable.**

8 **Date you applied or contacted the employer. \***     
Month Day Year

9 **Was this a new contact or follow-up? \*** ☒ New ☐ Follow -up

10 **The manner in which you applied. \***   
(e.g. in person, sent resume, applied via the Internet, telephone)

11 **Was an application or resume taken? \*** ☒ Yes ☐ No

12 **Type of work you were seeking? \***

13 **What were the results of your contact? \***

I applied for " Human Resources Director", which requires a "bachelor's degree."

**Employer Information # 02**

14 **Employer name \***

15 **Employer phone number**

16 **Employer address, Apt./Suite # \***   
  
\*     
City State Zip Code

17 **Name of the person you contacted, if applicable.**

18 **Date you applied or contacted the employer. \***     
Month Day Year

19 **Was this a new contact or follow-up? \*** ☐ New ☒ Follow -up

20 **The manner in which you applied. \***   
(e.g. in person, sent resume, applied via the Internet, telephone)

21 **Was an application or resume taken? \*** ☒ Yes ☐ No

22 **Type of work you were seeking? \***

23 **What were the results of your contact? \***

**Employer Information # 03**

24 **Employer name \***

25 **Employer phone number**

26 **Employer address, Apt./Suite # \***   
  
\*     
City State Zip Code

27 **Name of the person you contacted, if applicable.**

28 **Date you applied or contacted the employer. \***     
Month Day Year

29 **Was this a new contact or follow-up? \*** ☒ New ☐ Follow -up

30 **The manner in which you applied. \***   
(e.g. in person, sent resume, applied via the Internet, telephone)

- 31 Was an application or resume taken? \* ☐ Yes ☐ No
- 32 Type of work you were seeking? \*
- 33 What were the results of your contact? \*

### Certification Statement

I certify that all information entered is true to the best of my knowledge and belief. I understand the law provides penalties for making false statements to claim unemployment benefits.

Click Continue to acknowledge and submit work search

Continue	Clear Entries	Previous Page	Work Search Inquiry	Exit
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[Printable Weekly Work Search Record Form](#)

[Printable Weekly Work Search Form \(Búsqueda de registros semanales de trabajo\)](#)

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