

North Carolina Department of Commerce
Division of Employment Security
 Unemployment Insurance

Work Search Record



Claimant: _____
 SSN: XXX - XX - _____
 Review Date: _____
 Interviewer: _____

Work Search Requirements: The Employment Security Law, *G.S. 96-14.9(e)*, requires you to be **registered** for work (www.ncworks.gov) and **actively seeking** work with a minimum of **five contacts** with potential employers for each week you claim. You must keep a detailed record of your work search activities, which are subject to audit by DES. You should maintain these records for at least five (5) years. Failure to maintain an adequate and verifiable work search record for any week claimed may result in a **denial, delay, and/or overpayment** of benefits.

For instructions on how to make a valid contact please review the Work Search Guidelines included with this form.

Week #	Beginning Sunday	and Ending Saturday			
Date of Contact	Company Contacted	Contact Method In person (I) Telephone (T) Fax (F) *Email (E) *Online(O)	Provide one (1) of the following: Physical Address Website Address Phone Number	Position Seeking	Results (Ex. Not Hiring, Submitted Application, Interview, Second Interview, Submitted Resume)

***Attach a copy of confirmation email or confirmation number for any online contacts.**

I do solemnly affirm under penalty of perjury, that I am the person named herein, and that the information that I have provided, including proof of identification and the work search record, is true, correct, and complete to the best of my knowledge. I further understand that there are severe criminal and civil penalties for providing false statements and/or willfully misrepresenting any information to increase or receive unemployment insurance benefits, and that any information I have provided is subject to verification.

Claimant's Signature

Date

Claimant: _____ SSN: XXX - XX -

Week # __	Beginning Sunday		and Ending Saturday		
Date of Contact	Company Contacted	Contact Method In person (I) Telephone (T) Fax (F) *Email (E) *Online(O)	Provide one (1) of the following: Physical Address Website Address Phone Number	Position Seeking	Results (Ex. Not Hiring, Submitted Application, Interview, Second Interview, Submitted Resume)

***Attach a copy of confirmation email or confirmation number for any online contacts.**

Week # __	Beginning Sunday		and Ending Saturday		
Date of Contact	Company Contacted	Contact Method In person (I) Telephone (T) Fax (F) *Email (E) *Online(O)	Provide one (1) of the following: Physical Address Website Address Phone Number	Position Seeking	Results (Ex. Not Hiring, Submitted Application, Interview, Second Interview, Submitted Resume)

***Attach a copy of confirmation email or confirmation number for any online contacts.**

Week # __	Beginning Sunday		and Ending Saturday		
Date of Contact	Company Contacted	Contact Method In person (I) Telephone (T) Fax (F) *Email (E) *Online(O)	Provide one (1) of the following: Physical Address Website Address Phone Number	Position Seeking	Results (Ex. Not Hiring, Submitted Application, Interview, Second Interview, Submitted Resume)

***Attach a copy of confirmation email or confirmation number for any online contacts.**