

Wisconsin Works (W-2) Employment Search Cooperation Agreement

The Employment Search Cooperation Agreement outlines the requirements that W-2 applicants and/or participants must complete in order to meet and maintain eligibility while assigned to Employment Search activities. Please initial each line item and provide your signature at the bottom of the page.

- _____ I understand and agree that the number of hours I am assigned in Employment Search activities represents the assigned hours that I must actively be seeking employment.
- _____ I further understand that I must make at least one employer contact per every two hours of assigned independent employment search. I agree to refer to my W-2 Employability Plan for the specific number of employer contacts due to my FEP each week.
- _____ I understand that Job Club workshop hours and/or additional hours assigned to be in the Employment Resource Center (structured job search) may be counted towards my total Employment Search requirement.
- _____ I understand and agree that no more than half of my employer contacts can be made via fax or on-line without the approval of my Financial Employment Planner (FEP).
- _____ I understand that faxes must be accompanied by fax cover and submitted with job log
- _____ I understand that if applying on-line, application confirmation page must be printed and submitted with job log
- _____ I understand I will not get credit for applying for jobs that are not hiring or jobs that I am not qualified for. I understand that a viable job contact is one in which an application or resume is submitted to an employer who is hiring for a position for which I am qualified.
- _____ I understand that phone calls do not count as job contacts.
- _____ I understand and agree that all employer contacts **must** be verifiable with company name, address, contact person, phone number, date of application, and the position applied for. If any employer contact does not include this information, it will not be considered valid.
**NOTE: The spaces labeled contact person and phone number on the employer contact form must contain the name and phone number of the person you spoke with during your face-to-face contact with that employer.*
- _____ I understand that every section of the employer contact form must be filled out completely. No sections of the form should be left blank.
- _____ I understand that employer contact forms must be completed and turned in weekly or as outlined in my W-2 Employability Plan (EP).
- _____ I understand that my failure to cooperate fully with assigned Employment Search activities may result in a failure to meet eligibility criteria, payment reduction, and/or case closure.

Job Seeker Name

PIN

Job Seeker Signature

Date

Agency Representative

Date