



North Dakota Workforce  
Safety & Insurance

**EMPLOYMENT  
CONTACT LOG**  
RETURN TO WORK DIVISION  
SFN 51498 (02/2017)

1600 E Century Ave, Ste 1  
PO Box 5585  
Bismarck ND 58506-5585  
**Telephone 800-777-5033**  
Toll Free Fax 888-786-8695  
TTY (hearing impaired) 800-366-6888  
Fraud and Safety Hotline 800-243-3331  
www.workforcesafety.com

Return this form at least once a week or sooner if it is completed

<b>SECTION 1 – Injured worker's information</b>			
Claim number	Injured worker's (First name)	(Last name)	
<b>SECTION 2 – Contact's information (Complete each box. Put n/a (not applicable) if you don't know the information. Keep a copy for yourself if you need to follow-up with a company.)</b>			
<b>Number 1 contact</b> MM/DD/YY Ex. 01/01/16	Company name		Contact person
	City	State	Website address
	Telephone number		Job title or type of work
<b>Results of contact</b> Hiring <input type="checkbox"/> Yes <input type="checkbox"/> No Application <input type="checkbox"/> Yes <input type="checkbox"/> No Interview <input type="checkbox"/> Yes <input type="checkbox"/> No Job offer <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Method of contact</b> <input type="checkbox"/> In person <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Internet <input type="checkbox"/> Mail <input type="checkbox"/> Kiosk	
Comments and outcomes			
<b>Number 2 contact</b> MM/DD/YY Ex. 01/01/16	Company name		Contact person
	City	State	Website address
	Telephone number		Job title or type of work
<b>Results of contact</b> Hiring <input type="checkbox"/> Yes <input type="checkbox"/> No Application <input type="checkbox"/> Yes <input type="checkbox"/> No Interview <input type="checkbox"/> Yes <input type="checkbox"/> No Job offer <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Method of contact</b> <input type="checkbox"/> In person <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Internet <input type="checkbox"/> Mail <input type="checkbox"/> Kiosk	
Comments and outcomes			
<b>Number 3 contact</b> MM/DD/YY Ex. 01/01/16	Company name		Contact person
	City	State	Website address
	Telephone number		Job title or type of work
<b>Results of contact</b> Hiring <input type="checkbox"/> Yes <input type="checkbox"/> No Application <input type="checkbox"/> Yes <input type="checkbox"/> No Interview <input type="checkbox"/> Yes <input type="checkbox"/> No Job offer <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Method of contact</b> <input type="checkbox"/> In person <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Internet <input type="checkbox"/> Mail <input type="checkbox"/> Kiosk	
Comments and outcomes			
<b>Number 4 contact</b> MM/DD/YY Ex. 01/01/16	Company name		Contact person
	City	State	Website address
	Telephone number		Job title or type of work
<b>Results of contact</b> Hiring <input type="checkbox"/> Yes <input type="checkbox"/> No Application <input type="checkbox"/> Yes <input type="checkbox"/> No Interview <input type="checkbox"/> Yes <input type="checkbox"/> No Job offer <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Method of contact</b> <input type="checkbox"/> In person <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Internet <input type="checkbox"/> Mail <input type="checkbox"/> Kiosk	
Comments and outcomes			

Form continued on next page. Submit all pages to WSI.

**EMPLOYMENT CONTACT LOG (cont'd)**

Claim number	Injured worker's (First name)	(Last name)
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<b>Number 5 contact</b> MM/DD/YY Ex. 01/01/16	Company name		Contact person
	City	State	Website address
	Telephone number		Job title or type of work

<b>Results of contact</b>	<b>Method of contact</b>	Comments and outcomes
Hiring <input type="checkbox"/> Yes <input type="checkbox"/> No Application <input type="checkbox"/> Yes <input type="checkbox"/> No Interview <input type="checkbox"/> Yes <input type="checkbox"/> No Job offer <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In person <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Internet <input type="checkbox"/> Mail <input type="checkbox"/> Kiosk	

<b>Number 6 contact</b> MM/DD/YY Ex. 01/01/16	Company name		Contact person
	City	State	Website address
	Telephone number		Job title or type of work

<b>Results of contact</b>	<b>Method of contact</b>	Comments and outcomes
Hiring <input type="checkbox"/> Yes <input type="checkbox"/> No Application <input type="checkbox"/> Yes <input type="checkbox"/> No Interview <input type="checkbox"/> Yes <input type="checkbox"/> No Job offer <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In person <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Internet <input type="checkbox"/> Mail <input type="checkbox"/> Kiosk	

<b>Number 7 contact</b> MM/DD/YY Ex. 01/01/16	Company name		Contact person
	City	State	Website address
	Telephone number		Job title or type of work

<b>Results of contact</b>	<b>Method of contact</b>	Comments and outcomes
Hiring <input type="checkbox"/> Yes <input type="checkbox"/> No Application <input type="checkbox"/> Yes <input type="checkbox"/> No Interview <input type="checkbox"/> Yes <input type="checkbox"/> No Job offer <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In person <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Internet <input type="checkbox"/> Mail <input type="checkbox"/> Kiosk	

**SECTION 3 – Fraud warning/signature**

**Fraud warning**  
 Any person claiming benefits or compensation from WSI who files a false claim, or makes a false statement, or fails to notify WSI as to the receipt of income or an increase in income from employment, in connection with any claim or application for workers' compensation benefits will forfeit any future benefits and may be guilty of a felony which is punishable by imprisonment, substantial fines, or both. These criminal penalties are applicable to all persons dealing with WSI, including injured workers, employers, medical providers, and attorneys.

**Signature**  
 By signing this form, I acknowledge that I have read and understand the fraud warning. I understand that falsifying this claim or making a false statement regarding this claim may be a felony, punishable by substantial fines and imprisonment. I authorize and agree that statements in this form are true and accurate.

<b>Injured worker's signature</b>	<b>Date</b>
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# Quick Reference for Good Faith Work Search



## Your Role in the Work Search Process

The following information describes your role in the work search process. A good faith work search requires you to complete 5 job contacts per day or a number agreed to by your claims adjuster. Written documentation of these contacts is required and should be documented on the Employment Contact Log form. Contacts may include the following:

- Visiting a state/federal employment agency (Example: Job Service, Workforce Center)
- Visiting private employment agency (Example: Spherion, Kelly Services, Manpower)
- Using the internet to post your resume, look at job postings on an employer's website or elsewhere (Example: Monster.com, Indeed.com, CareerBuilder.com)
- Attending a job fair
- Contacting a vocational case manager
- Reviewing classified ads in local newspapers or other publications in your area that list job openings
- Following up on applications/resumes submitted
- Interviewing for a job
- Asking friends, family, or people in your community about job openings
- Contacting employers in person or by phone to discuss job openings (cold calls)
- Contacting employers to submit an application or resume
- Attending a Workforce Safety & Insurance (WSI) Job Seeking Skills workshop; for upcoming workshops, view our calendar at [www.workforcesafety.com](http://www.workforcesafety.com)
- Registering for WSI's Preferred Worker Program; for additional information, contact the Return to Work Coordinator at 800-440-3796 ext. 3876 or 701-328-3876
- Registering with the Division of Vocational Rehabilitation
- Participating in a mock interview

## How to have a successful work search

Establishing a clear focus and creating structure will help you be successful in your work search. Your first source of information is WSI's Work Search booklet. The booklet contains a lot of information from identifying your skills and creating a resume, to searching for a job and interviewing with employers.

Below are some top tips to help you be successful:

- Have an up-to-date resume
- Register with your local employment agencies
- Follow-up immediately on job openings provided by vocational case managers
- Make sure you are qualified for the jobs for which you apply
- Apply for jobs within your physical capabilities
- Practice your interview skills
- Be prepared, proactive, persistent, and organized