



# CITY AND COUNTY OF DENVER

DEPARTMENT OF SAFETY  
ELECTRONIC MONITORING PROGRAM 303 WEST COLFAX AVENUE, DEPT 1601  
DENVER, CO 80204  
MAIN: 720 913-8900  
FAX: 720 913-8920

## Approved Activities / Job Search Verification Form

NAME \_\_\_\_\_

# 1 Date: \_\_\_\_\_ Arrived At: \_\_\_\_\_ Departed At: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Reason: \_\_\_\_\_

# 2 Date: \_\_\_\_\_ Arrived At: \_\_\_\_\_ Departed At: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Reason: \_\_\_\_\_

# 3 Date: \_\_\_\_\_ Arrived At: \_\_\_\_\_ Departed At: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Reason: \_\_\_\_\_

# 4 Date: \_\_\_\_\_ Arrived At: \_\_\_\_\_ Departed At: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Reason: \_\_\_\_\_

# 5 Date: \_\_\_\_\_ Arrived At: \_\_\_\_\_ Departed At: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Reason: \_\_\_\_\_

# 6 Date: \_\_\_\_\_ Arrived At: \_\_\_\_\_ Departed At: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Reason: \_\_\_\_\_

# 7 Date: \_\_\_\_\_ Arrived At: \_\_\_\_\_ Departed At: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Reason: \_\_\_\_\_

# 8 Date: \_\_\_\_\_ Arrived At: \_\_\_\_\_ Departed At: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Reason: \_\_\_\_\_

# 9 Date: \_\_\_\_\_ Arrived At: \_\_\_\_\_ Departed At: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Reason: \_\_\_\_\_

# 10 Date: \_\_\_\_\_ Arrived At: \_\_\_\_\_ Departed At: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Reason: \_\_\_\_\_

# 11 Date: \_\_\_\_\_ Arrived At: \_\_\_\_\_ Departed At: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Reason: \_\_\_\_\_

# 12 Date: \_\_\_\_\_ Arrived At: \_\_\_\_\_ Departed At: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Reason: \_\_\_\_\_

# 13 Date: \_\_\_\_\_ Arrived At: \_\_\_\_\_ Departed At: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Reason: \_\_\_\_\_

# 14 Date: \_\_\_\_\_ Arrived At: \_\_\_\_\_ Departed At: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Reason: \_\_\_\_\_