



SNUNEYMUXW
FIRST NATION

SOCIAL
DEVELOPMENT

THIS IS A MANDATORY FORM FOR APPLICANTS
& MUST BE RETURNED TO SOCIAL
DEVELOPMENT

**WORK SEARCH
ACTIVITIES RECORD**

The personal information collected on this form is collected under the authority of and will be used for the purpose of administering the Employment and Assistance Act and the Employment and Assistance for Persons with Disabilities Act. The collection, use and disclosure of personal information are subject to the provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use or disclosure of this information, please call Snuneymuxw Social Development at 250-740-2300 or inquire in writing to Snuneymuxw First Nation 668 Centre St., Nanaimo BC, V9R 4Z4

Work Search: This form is used for the purposes of establishing eligibility for an applicant (or their spouse) that are looking for work. Record the work search activities of the person(s) looking for work.

APPLICANT INFORMATION

LAST NAME	FIRST	STATUS#	SOCIAL INSURANCE #

Instructions: List the date, type of activity, time spent on that specific activity, business/contact name, phone number, and email address, or physical address. **Sign and date this record on the back of this form before you submit it to the Administering Authority.**

Describe your work search activities (example below):

- Preparing of resumes and/or cover letters
- Fact finding Interviews
- Submitting applications, letters and/or resumes for employment
- Attending workshops for resume preparation or employment search
- Telephone inquiries to potential and specific employers
- Responding to newspaper ads, internet postings
- Participating in employment interviews
- Calling potential employers

This is a work search for: _____
NAME (Last, First, and Middle)

	DATE OF ACTIVITY	TYPE OF ACTIVITY	LOCATION OF ACTIVITY	CONTACT NAME AND PHONE NUMBER/EMAIL	RESULTS OF YOUR ACTIVITY
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

(ADDITIONAL ROWS ON BACK OF THIS PAPER)



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	DATE OF ACTIVITY	TYPE OF ACTIVITY	LOCATION OF ACTIVITY	CONTACT NAME AND PHONE NUMBER/EMAIL	RESULTS OF YOUR ACTIVITY
11					
12					
13					
14					
15					
16					
17					
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19					
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21					
22					
23					
24					

DECLARATION

I confirm that: the information provided in this form and any additional pages is complete and accurate. I understand that I am required to immediately supply information to the Administering Authority if there is a change to any information provided here or any subsequently provided information. This record accurately reflects my work search efforts. I understand this information will be used for further assessment of eligibility.

YOU MUST SIGN AND DATE THIS FORM IN ORDER FOR IT TO BE ACCEPTED.

SIGNATURE (OF PERSON LOOKING FOR WORK)	DATE SIGNED (YYYY/MM/DD)
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IF YOU HAVE NOT LOOKED FOR WORK PLEASE INDICATE WHY.

HOSPITALIZED OVER 65 YEARS OF AGE MEDICAL OR PHYSICAL CONDITION OTHER (EXPLAIN) _____

Please return this form: **Office : 668 Centre St., Nanaimo BC, V9R 4Z4 or Fax: 250-753-3492**