BRITISH COLUMBIA
The Best Place on Earth

Ministry of Housing and Social Development

THIS IS A MANDATORY FORM FOR APPLICANTS & MUST BE RETURNED TO THE MINISTRY

WORK SEARCH ACTIVITIES RECORD

The personal information requested 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 is subject to the provisions of the *Freedom of Information and Protection of Privacy Act.* Any questions about this information should be directed to your Employment and Assistance Centre.

LAST NAME	GIVEN NAME	
ADDRESS		
POSTAL CODE	BIRTHDATE (YYYY MMM DD)	TELEPHONE

REASONABLE WORK SEARCH ACTIVITIES

GA _____ **GA NUMBER (if applicable)**

Examples of work search activities:

- Preparation of (i.e. drafting, typing, photocopying) resume and/or cover letters, when completed in combination with employer contacts
- Telephone inquiries to potential and specific employers
- Fact finding interviews, when completed in combination with employer contacts
- Responding to newspaper ads, internet
- Cold calling potential employers
- Networking with friends, relatives, neighbors, previous employers, colleagues or other social contacts
- Submitting applications for employment
- Submitting letters and/or resumes for employment
- Participating in employment interviews
- Attending workshops for resume preparation or employment search

INSTRUCTIONS: List date, type of activity (e.g. resume preparation, personal interview, application, telephone call, networking, etc.), location of activity, a contact name and phone number and the results of all activities that you have done to improve your opportunities of finding work. Please refer to the Work Search Toolkit for work search ideas and activities that will assist you to find employment. Prior to submitting this form, sign and date the declaration and notification at the bottom of page 2 (reverse) of this form.

DATE OF ACTIVITY	TYPE OF ACTIVITY	LOCATION OF ACTIVITY	CONTACT NAME AND PHONE NUMBER	RESULTS OF YOUR ACTIVITY

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(ADD ADDITIONAL PAGES IF NECESSARY)

IF YOU HAVE HAVE NOT LOOKED FOR WORK, PLEASE INDICATE WHY.

☐ HOSPITALIZED

☐ OVER 65 YEARS OF AGE

☐ MEDICAL OR PHYSICAL CONDITION WHICH PRECLUDES EMPLOYMENT

☐ OTHER (EXPLAIN) _____

_____

DECLARATION AND NOTIFICATION

I declare that all the information I have provided in this form is true and complete. I understand the accuracy of the information I provide will be checked by comparing it against information held by other governments, private agencies and individuals. I understand that the BC government may verify and obtain information to confirm my eligibility.

SIGNATURE	PRINT NAME	DATE (YYYY MMM DD)