



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.

Form with fields: LAST NAME, GIVEN NAME, ADDRESS, POSTAL CODE, BIRTH DATE (YYYY MMM DD), TELEPHONE

REASONABLE WORK SEARCH ACTIVITIES

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.

Table with 5 columns: DATE OF ACTIVITY, TYPE OF ACTIVITY, LOCATION OF ACTIVITY, CONTACT NAME AND PHONE NUMBER, RESULTS OF YOUR ACTIVITY



WORK SEARCH ACTIVITIES RECORD

Table with 5 columns: DATE OF ACTIVITY, TYPE OF ACTIVITY, LOCATION OF ACTIVITY, CONTACT NAME AND PHONE NUMBER, RESULTS OF YOUR ACTIVITY. Contains 20 empty rows.

(ADD ADDITIONAL PAGES IF NECESSARY)

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

- Checkboxes for: HOSPITALIZED, OVER 65 YEARS OF AGE, MEDICAL OR PHYSICAL CONDITION, 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 fields: SIGNATURE, PRINT NAME, DATE (YYYY MMM DD)