CareerSource SUNCOAST

Job Search Report

Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T)

Participant's Name: _____ _____ SSN (Last 4): _____
(First) (Last)

As a participant in the SNAP E&T program, you have been assigned to Supervised Job Search. You can use this form to record your job search efforts, which include, but are not limited to, receiving job referrals from career center staff, completing, and submitting applications, submitting resumes, meeting with potential employers, attending interviews, attending job fairs, and calling potential employers. Any off-site job search efforts will need documentation from the potential employer to be counted as supervised job search.

Date	Company's Name Company's Address (or website where you applied)	Job/Position Applied For	Contact Person's Name	Company's Phone Number	Result
	1.				☐ Applied/Resume Submitted ☐ Interviewed ☐ Attended a Job Fair ☐ Hired ☐ Other: _____
	2.				☐ Applied/Resume Submitted ☐ Interviewed ☐ Attended a Job Fair ☐ Hired ☐ Other: _____
	3.				☐ Applied/Resume Submitted ☐ Interviewed ☐ Attended a Job Fair ☐ Hired ☐ Other: _____
	4.				☐ Applied/Resume Submitted ☐ Interviewed ☐ Attended a Job Fair ☐ Hired ☐ Other: _____
	5.				☐ Applied/Resume Submitted ☐ Interviewed ☐ Attended a Job Fair ☐ Hired ☐ Other: _____
	6.				☐ Applied/Resume Submitted ☐ Interviewed ☐ Attended a Job Fair ☐ Hired ☐ Other: _____
	7.				☐ Applied/Resume Submitted ☐ Interviewed ☐ Attended a Job Fair ☐ Hired ☐ Other: _____
	8.				☐ Applied/Resume Submitted ☐ Interviewed ☐ Attended a Job Fair ☐ Hired ☐ Other: _____
	9.				☐ Applied/Resume Submitted ☐ Interviewed ☐ Attended a Job Fair ☐ Hired ☐ Other: _____
	10.				☐ Applied/Resume Submitted ☐ Interviewed ☐ Attended a Job Fair ☐ Hired ☐ Other: _____

Certification Statement: This is to certify that I received job referrals from career center staff, completed and submitted applications, submitted resumes, met with potential employers, attended job interviews, attended job fairs or visited with the above employers to obtain employment. The information contained in this Job Search Report is accurate and shows my efforts.

Signature: _____ Date:_____

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.