

Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) Supervised Job Search Report

Participant's Name: _____ OSST ID: _____ During the month of: _____

As a participant in the SNAP E&T program, you have been assigned to Supervised Job Search. You must complete _____ hours of job search activity per month. 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. **Please return the completed form to your monthly follow up appointment:**
with _____ on _____.

Date	Time Spent	Company Name & Address or Website	Position Applied / Job Order Number	Contact Name, Phone Number and / or email	Application results
					☐ Applied/Resume Submitted ☐ Interviewed ☐ Attended a Job Fair ☐ Hired ☐ Other: _____
					☐ Applied/Resume Submitted ☐ Interviewed ☐ Attended a Job Fair ☐ Hired ☐ Other: _____
					☐ Applied/Resume Submitted ☐ Interviewed ☐ Attended a Job Fair ☐ Hired ☐ Other: _____
					☐ Applied/Resume Submitted ☐ Interviewed ☐ Attended a Job Fair ☐ Hired ☐ Other: _____
					☐ Applied/Resume Submitted ☐ Interviewed ☐ Attended a Job Fair ☐ Hired ☐ Other: _____
					☐ Applied/Resume Submitted ☐ Interviewed ☐ Attended a Job Fair ☐ Hired ☐ Other: _____
					☐ Applied/Resume Submitted ☐ Interviewed ☐ Attended a Job Fair ☐ Hired ☐ Other: _____
					☐ Applied/Resume Submitted ☐ Interviewed ☐ Attended a Job Fair ☐ Hired ☐ Other: _____
					☐ Applied/Resume Submitted ☐ Interviewed ☐ Attended a Job Fair ☐ Hired ☐ Other: _____
					☐ Applied/Resume Submitted ☐ Interviewed ☐ Attended a Job Fair ☐ Hired ☐ Other: _____

All online job searches **MUST** have the application confirmation attached to the job search record unless completed in Employ Florida.
 I 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: _____

Supervised Job Search Timesheet

Participant's name: _____ **OSST ID:** _____

When using the computer lab or Resource Room, sign up with a staff member upon arrival. Sign out with a staff member when you leave. You can enter and leave multiple times during the day. The Resource Room is open for job searches on weekdays, except holidays.

Important- Remember to sign in, otherwise, your hours may not be recorded.

The number of hours to be completed at a supervised setting: _____ **During the month of:** _____

Date	Activity completed Office Location	Time In	Staff Initials and Signature	Time Out	Staff Initials and Signature	Total Hours

You must register and attend _____ workshops for the month of _____

To see available workshops and schedule participation, please visit:

<https://www.careersourcecentralflorida.com/virtual-workshops/>

Date	Time Spent	Workshop Name	Attendance & Signature
			☐ In person ☐ Virtual
			☐ In person ☐ Virtual
			☐ In person ☐ Virtual

Please return the completed forms to your monthly follow up appointment with _____ on _____.

I certify that I have actively participated in the activities outlined in this document. The information contained in this timesheet is accurate and shows my efforts.

Signature: _____ Date: _____