



SNAP JOB SEARCH
Off-site Weekly Tracking Form

Customer Name (Printed)	OSST #
CareerSource Career Counselor	From: Monday ___/___/___ To: Sunday ___/___/___ *DUE by Tues ___/___/___

The information below is required for each job search. Two examples have been provided.

	Job Title	Company Name	Method of Application In Person (List Address) Online (List Website)	Results of Application (C) = Completed (I) = Interviewed (O) = Onsite Visit	
EX	1/1/19	Front Desk Clerk	Career Source	Online: xxxgogetjob.com	C
EX	1/1/19	Cashier	My Shopping Center	1234 Golden Beach Dr. Palm Bav. Fl xxxxx	O
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

By signing, I acknowledge that I personally filed applications with the above employers during my efforts to obtain employment with listed employers. I understand my Career Counselor will randomly verify the information is true and correct. Any misrepresentation on this form can be considered fraud and may adversely affect my food stamp benefits.

Customer Signature _____ Date _____ TOTAL HOURS _____
 Submit signed and dated form to ICSdocumentation@careersourcebrevard.com or fax to 321-504-2059 every Tuesday by 5:00PM
 (for previous week's hours)