

Student Financial

Assistance

4635 Wascana Parkway Box 650 Regina SK S4P 3A3 (306) 787-5620 1-800-597-8278

## 2006-2007 Job Search

| Student |          |
|---------|----------|
| Student | Name     |
| Oludeni | I VALLIC |

| Social Insurance No. |  |
|----------------------|--|
|----------------------|--|

File No.

For Office Use Only

Pre-Study Period Job Search for:

Study Period Job Search for:

• Spouse requires one employer name per week

• Minimum of one employer name per week of pre-study

• DO NOT submit prior to start of program

• Submit 1 month after start of study period

\*\*If your employment status changes, notify Student Financial Assistance immediately\*\*

| Employer's Name/Address | Phone Number | Contact and Title | Date Contacted or<br>Date Resume Sent |
|-------------------------|--------------|-------------------|---------------------------------------|
| 1.                      |              |                   |                                       |
|                         |              |                   |                                       |
| 2.                      |              |                   |                                       |
|                         |              |                   |                                       |
| 3.                      |              |                   |                                       |
|                         |              |                   |                                       |
| 4.                      |              |                   |                                       |
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| 5.                      |              |                   |                                       |
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| 6.                      |              |                   |                                       |
|                         |              |                   |                                       |
| 7.                      |              |                   |                                       |
|                         |              |                   |                                       |

List additional employers on reverse

| Employer's Name/Address | Phone Number | Contact and Title | Date Contacted or<br>Date Resume Sent |
|-------------------------|--------------|-------------------|---------------------------------------|
| 8.                      |              |                   |                                       |
|                         |              |                   |                                       |
| 9.                      |              |                   |                                       |
|                         |              |                   |                                       |
| 10.                     |              |                   |                                       |
|                         |              |                   |                                       |
| 11.                     |              |                   |                                       |
|                         |              |                   |                                       |
| 12.                     |              |                   |                                       |
|                         |              |                   |                                       |
| 13.                     |              |                   |                                       |
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| 14.                     |              |                   |                                       |
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| 15.                     |              |                   |                                       |
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| 16.                     |              |                   |                                       |
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| 17.                     |              |                   |                                       |
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