



REEMPLOYMENT AND ELIGIBILITY ASSESSMENT QUESTIONNAIRE

Complete the **front and back** of this form and bring it to your interview.

FAILURE TO ATTEND THIS APPOINTMENT MAY AFFECT YOUR ELIGIBILITY TO RECEIVE UNEMPLOYMENT INSURANCE BENEFITS.

Name _____ Social Security Number _____

1. List your usual occupation(s)	Length of Experience	Last rate of pay
_____	_____	_____
_____	_____	_____

2. Date you were last employed: _____

3. What type of work are you seeking? _____

4. Lowest Wage you will accept to start work: Hourly _____ Weekly _____ Monthly _____

5. What work shift(s) are you willing to accept? _____

6. What transportation will you use to and from work? _____

7. How much time are you willing to spend to travel to and from work? _____

8. In what areas/localities are you willing to accept work? _____

9. How many employers do you usually contact each week? _____

10. Are there any days during the week you will not or cannot work? Yes No
If yes, list the days and the reason(s) you cannot work on these days. _____

11. Are you self-employed or plan to become self-employed? Yes No

12. Are you enrolled in or planning to enroll in school or training? Yes No

13a. If you are a union member, write the name and union number.
Name _____ No. _____

13b. Are you registered as out-of-work with your union? Yes No

13c. What does your union require you to do to be eligible for dispatch to work? _____

13d. Since your last job have you: (if yes to any question, write date and explain)
1. Missed any roll call? Yes No
2. Been dispatched to a job? Yes No
3. Refused a dispatch to a job? Yes No
Date: _____ Explanation: _____

COMPLETE THE WORK SEARCH QUESTIONNAIRE ON THE REVERSE

WORK SEARCH QUESTIONNAIRE

Name: _____

Social Security Number: _____

Complete the sections below listing the places you looked for work during the two weeks prior to this appointment date. Bring this completed form to your **Reemployment and Eligibility Assessment Interview**. Failure to look for work in any week may affect your eligibility to receive unemployment insurance benefits.

WORK SEARCH RECORD						
Date applied	Company name	Company address	Person contacted	Type of contact, i.e. in person, telephone, resume	Type of work applied for	Results, i.e., interview scheduled, job offered, etc.

I understand the questions on this form. I know the law provides penalties if I make false statements or withhold facts to receive benefits; my answers are true and correct.

Signature: _____

Date: _____