

Reemployment Services and Eligibility Assessment (RESEA) Questionnaire

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

Failure to attend this appointment may affect your eligibility to receive unemployment insurance benefits.

Name _____ Last four digits of 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 the 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: _____

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 Services and Eligibility Assessment (RESEA) appointment**. 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, phone, online) | Type of work applied for | Results (i.e., interview scheduled, job offered, etc.) |
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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: _____