



REEMPLOYMENT SERVICES AND ELIGIBILITY ASSESSMENT (RESEA) QUESTIONNAIRE

Name: _____ **Social Security Number:** XXX-XX- _____

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. _____

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Been dispatched to a job? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Refused a dispatch to a job? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Date: _____ Explanation: _____

COMPLETE THE WORK SEARCH QUESTIONNAIRE ON THE REVERSE

WORK SEARCH QUESTIONNAIRE

Name: _____

Social Security Number: XXX-XX-_____

Complete the sections below listing the places you looked for work during the two weeks prior to this appointment date. Mail this completed form with the *REQUEST FOR ELIGIBILITY INFORMATION*, DE 4365REA attached. **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.)