

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 _____ 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

