

## 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.)

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: \_\_\_\_\_