

**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.**

<b>WORK SEARCH RECORD</b>						
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.)