

## WORKSHEET FOR REEMPLOYMENT SERVICES AND ELIGIBILITY ASSESSMENT (RESEA)

Your Name:	Your Social Security No.:
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Please complete this worksheet before you report to your scheduled workshop.

In Section A, please enter information about your job search activities during the two-week period before your scheduled workshop.

In Section B, please answer all questions and sign and date the worksheet.

### A. WORK SEARCH ACTIVITIES

#### Week Before Scheduled Workshop

Date of Contact	Name of Employer	Address	Person Contacted
How Did You Apply?		Results	Telephone No. or E-Mail Address of Person Contacted
<input type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Résumé (including by mail or the Internet)			

Date of Contact	Name of Employer	Address	Person Contacted
How Did You Apply?		Results	Telephone No. or E-Mail Address of Person Contacted
<input type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Résumé (including by mail or the Internet)			

Date of Contact	Name of Employer	Address	Person Contacted
How Did You Apply?		Results	Telephone No. or E-Mail Address of Person Contacted
<input type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Résumé (including by mail or the Internet)			

#### Two Weeks Before Scheduled Workshop

Date of Contact	Name of Employer	Address	Person Contacted
How Did You Apply?		Results	Telephone No. or E-Mail Address of Person Contacted
<input type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Résumé (including by mail or the Internet)			

Date of Contact	Name of Employer	Address	Person Contacted
How Did You Apply?		Results	Telephone No. or E-Mail Address of Person Contacted
<input type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Résumé (including by mail or the Internet)			

Date of Contact	Name of Employer	Address	Person Contacted
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<input type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Résumé (including by mail or the Internet)			

**B. WORK SEARCH ASSESSMENT (Please complete all items)**

- 1. I have the most experience in (occupation) \_\_\_\_\_  
Number of mo./yrs. \_\_\_\_\_
- 2. I am looking for work in (occupation) 1<sup>st</sup> \_\_\_\_\_ 2<sup>ND</sup> \_\_\_\_\_
- 3. I am willing to work \_\_\_\_\_ hours per day. Shifts:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>
- 4. I am willing to work the following days:  Mon.  Tu.  Wed.  Thurs.  Fri.  Sat.  Sun.
- 5. The lowest starting wage I will accept is \$ \_\_\_\_\_ per \_\_\_\_\_
- 6. I am currently registered with the following union(s):  
Union Name \_\_\_\_\_ Number \_\_\_\_\_  
Address \_\_\_\_\_
- 7. I am willing to travel (miles) \_\_\_\_\_ to and from work.
- 8. I am able to work.....  Yes  No
- 9. I can accept full-time work immediately .....  Yes  No
- 10. I have transportation to and from work .....  Yes  No  
If yes, what kind:  Bus  Train  Personal Vehicle  Other
- 11. The occupation(s) I am seeking requires a License, Permit or other type of occupational certificate.....  Yes  No  
I have a current License, Permit or Certification.....  Yes  No  
License, Permit or Certification Number \_\_\_\_\_
- 12. My last employer said I would be called back to work .....  Yes  No  
If yes, when? \_\_\_\_\_ What company? \_\_\_\_\_
- 13. I am self-employed (full or part-time) .....  Yes  No
- 14. I am working on a commission basis (full or part-time).....  Yes  No
- 15. I have dependents that require care .....  Yes  No  
If yes, I have care arranged with: Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone No. \_\_\_\_\_
- 16. I am presently enrolled or plan to enroll in a school or training program.....  Yes  No  
If yes, name \_\_\_\_\_ start date \_\_\_\_\_  
(You may be eligible for benefits while attending a job training program that is approved by state counselors. Ask for details.)
- 17. I normally seek work by use of a resume.....  Yes  No  
(If yes, you must bring a copy of your resume to the interview.)
- 18. I plan to do the following to find a new job:  
\_\_\_\_\_

CERTIFICATION: I have answered these questions to obtain Unemployment Insurance benefits. I know the law provides penalties for making false statements. I understand that this information will be verified.

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date

This form has been reviewed by Employment Service staff. By initialing this form, you are agreeing that the content has been reviewed for program compliance.

\_\_\_\_\_  
Agency Representative Initials