UC-BP-24 (Rev.5/97)

# ELIGIBILITY REVIEW QUESTIONNAIRE

# EUC

Name _____ Social Security Number _____

1. Have you ever filed for unemployment insurance previously? YES( ) NO ( )
   If "Yes," when and where: _____
2. Was there any reason why you could not have accepted full-time work since you have been unemployed? YES ( ) NO ( )
   If "Yes," please explain: _____
3. What kind of work did you perform on your last job? _____
   a. How long did you work at your last job? _____
   b. What days did you work? _____
   c. What were your hours? _____
   d. What was your rate of pay? _____ an hour; _____ a month.
4. What other kind(s) of work experience have you had? _____
   a. How long did you work in this capacity? _____
5. What kind of work are you looking for now? _____
   a. What is the lowest pay you will accept? _____ an hour; _____ a month.
   b. Circle the days of the week that you are willing and able to work:
      Sunday Monday Tuesday Wednesday Thursday Friday Saturday
   c. During what hours of the above days are you willing and able to work? _____
   d. In what geographical areas are you willing and able to work? _____
   e. What means of transportation do you have to get to work? _____
      _____ (Specify: own car, bus, taxi, or other means.)
6. Do you expect to obtain work through a Labor Union? YES ( ) NO ( )
   a. If "Yes," give name of union and local number: _____
   b. If "Yes," are you registered and in good standing? YES ( ) NO ( )
   c. Would you accept nonunion work: YES ( ) NO ( )
7. Has any employer offered you work since you became unemployed? YES ( ) NO ( )
   If "Yes," please give name and address of employer: _____
8. Has the State Workforce Development Division offered you a referral to work since you became unemployed? YES ( ) NO ( )
   If "Yes," what was the result:
9. Do you
   a. Work for anyone now? …… YES ( ) NO ( )
   b. Spend any time in self-employment or in business of any kind …….. YES ( ) NO ( )
   c. Attend or plan to attend school or vocational training …… YES ( ) NO ( )
   If "Yes," give name of employer, or kind of self-employment, or name of school and hours spent working or attending school or vocational training:
10. Are you claiming, receiving, applied for or do you plan to apply for:
    a. Social Security …… YES ( ) NO ( )
    b. Pension …… YES ( ) NO ( )
    c. Worker's Compensation (industrial injury) …….. YES ( ) NO ( )
    d. Educational assistance …….. YES ( ) NO ( )
    e. Disability benefits …… YES ( ) NO ( )
    If you answered "yes" to any of the above, explain: _____
11. Do you have minor children, aged or sick members in your family living with you? YES ( ) NO ( )
    If "Yes," who will care for them if you should go to work?
    Name: _____ Phone: _____
12. What do you feel have been your major problems in finding a job? _____

SIGNATURE: _____ DATE: _____