

REEMPLOYMENT SERVICES AND ELIGIBILITY ASSESSMENT (RESEA) QUESTIONNAIRE

Name: _____ Social Security #: _____

- 1. Is there any reason you could not accept full-time work since you have been unemployed?..... Yes No
a. If "Yes," please explain: _____
- 2. Do you expect to obtain work through a Labor Union?..... Yes No
a. If "Yes," give name of union and local number: _____
b. Are you registered and in good standing? Yes No
c. If not in good standing, will you accept non-union work? Yes No
- 3. Has the Workforce Development Division and/or any employer(s) offered you work or a referral to work since you became unemployed? Yes No
a. If "Yes," what was/were the results? _____
- 4. Are you self-employed or in any kind of business of your own? Yes No
a. If "Yes," please explain: _____
- 5. Do you attend or plan to attend school? Yes No
a. If "Yes," please explain: _____
- 6. Do you have minor children, aged or sick members in your family living with you?..... Yes No
a. If "Yes," who will care for them if you should go to work? _____
- 7. Are you working for anyone now? Yes No
a. If "Yes," please explain: _____
- 8. 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 hours did you work? _____
d. What was your rate of pay? _____
- 9. What other kind(s) of work experience have you had? _____
a. How long did you work in this capacity? _____
- 10. What kind of work are you looking for now? _____
a. What is the lowest pay you will accept? _____
b. What days of the week are you willing to work? _____
c. What hours are you willing to work? _____
d. In what geographical areas are you willing to work? _____
e. What means of transportation do you have to get to work? _____
- 11. Are you claiming, receiving, or have you applied for:
a. Social Security..... Yes No
b. Pension Yes No
c. Worker's Compensation Yes No
d. Educational Assistance Yes No
e. Disability Benefits Yes No
If you answered "Yes" to any of the above, explain: _____

12. What do you feel has been your major problem(s) in finding a job? _____

13. What are you doing to obtain a job? (Explain how you develop job leads, contact employers, and apply for jobs.)

CLAIMANT: DO NOT WRITE ON THIS SIDE

Identification Verified By: Drivers License Hawaii State ID Other _____

The law provides that to be eligible for benefits, an individual must be able and available for work.

I am advised the following conditions are barriers to my reemployment and may adversely affect my eligibility for benefits.

- | | | |
|--|---|--|
| <input type="checkbox"/> Pay | <input type="checkbox"/> Type of Work (qualifications/skills) | <input type="checkbox"/> School |
| <input type="checkbox"/> Hours, days, shifts | <input type="checkbox"/> Highly unionized market | <input type="checkbox"/> Self-employment |
| <input type="checkbox"/> Labor market area | <input type="checkbox"/> Work Search Activities | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Child care | |

WORK SEARCH PLAN

I have been unemployed for _____ weeks. The following advice and assistance were provided in order to improve my prospects for reemployment and continued eligibility for benefits.

1. _____ Lower my wage demand to the prevailing rate for _____ work which is \$_____ hour/month.
2. _____ Be willing to work the customary days/shifts for _____ which is customarily between the hours of _____ to _____ on the following days _____ to _____.
3. _____ Seek work in the _____ area since it is the primary labor market for the type of work I am seeking.
4. _____ Make transportation arrangements so I can look for and accept work.
5. _____ After _____ weeks, I will expand my work search to include _____ if I do not find work as a _____ since:
 _____ openings for type of work that I am seeking are limited and/or
 _____ I lack the experiences to qualify readily for this type of work
6. _____ Have secured adequate Child Care services from (Mr/Mrs/Ms) _____, telephone # is _____.
7. _____ Be able to change my class hours/schedule in order to accept work.
8. _____ Other: _____

Instructions/Advice Checklist for Interviewer

- The claimant was advised to make an active search for work, make _____ job contacts per week. and to keep a record.
- The claimant's record of job contacts was reviewed and any special work search instructions are documented above.
- The claimant was provided with Labor Market Information.

REMINDERS

- The claimant has been advised to access their HireNet Hawaii account at www.hirenethawaii.com at least once a month to obtain possible job referrals and update relevant personal information on their online resume.
- Ask friends and relatives about job openings. Check the newspaper want ads and online social medias regularly.
- Contact the person with the authority to hire for the position that I am seeking.
- File applications for suitable work whenever these are accepted. Make more in-person contacts when possible.
- Keep a record of all job contacts made for future review by the Unemployment Insurance office.
- Report all refusals of job offers and work referrals.
- Advise the claims office of any changes in my ability or availability for work.
- I acknowledge that I may be called **AT ANY TIME** to review the job contacts that I had made.

CERTIFICATION: I am unemployed, ready, and willing and able to work. I agree to search for work in accordance with the Work Search Plan and above instructions. I understand that I must record and report my work search contacts and that the job contacts I make are subject to verification. I understand that failure to comply with this Work Search Plan may result in a denial of benefits.

Claimant's Signature

Date

Interviewer's Signature

Provide Claimant With a Copy of This Form