

**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 ☐ NoIf 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.) \_\_\_\_\_

THIS SIDE IS TO BE COMPLETED BY STAFF WITH THE CLAIMANT\*\*\*CLAIMANT SIGNATURE REQUIRED  
Identification Verified By: ☐ Driver's 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 (qualification/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"/> Childcare                           |  |

I have been unemployed for \_\_\_\_\_ weeks. The following advice and assistance were provided to improve my prospects for reemployment and continued eligibility for benefits. \*\*Claimant initials below\*\*

1. \_\_\_ Lower my wage demand to the prevailing rate for \_\_\_\_\_ work which is \$ \_\_\_\_\_ hour/month
2. \_\_\_ Be willing to work the customary days/shits for \_\_\_\_\_ which is customarily between the hours of \_\_\_\_\_ to \_\_\_\_\_ on the following days \_\_\_\_\_ to \_\_\_\_\_.
3. \_\_\_ Seek work in the \_\_\_\_\_ area since 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 experience 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 **3** 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](http://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 relative about job openings. Check all varieties of media online, want ads and social media regularly.
- ☐ Contact vital personnel with the authority to hire for the positions 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 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer's Signature

Provide Claimant with a Copy of this form