

**Unemployment Insurance Eligibility Form
Reemployment Services and Eligibility Assessment (RESEA) Program**

Name: _____ Last 4 digits of Social Security No.: _____ E-mail: _____

Please complete the following questions to verify your eligibility to receive unemployment benefits and to comply with the RESEA program requirements. Failing to complete this form may affect your eligibility to receive unemployment benefits.

1. Since filing your unemployment claim, have you been: <ul style="list-style-type: none"> • Able and available for work • Actively seeking work 	Yes Yes	No No
2. Have you refused any work?	Yes	No
3. Have you attended school or job training?	Yes	No
4. Have you applied for or received any of the following: <ul style="list-style-type: none"> • Retirement Pay from an employer on your claim • Continuation Pay • Payment in lieu of notice <p><i>If you answered yes to any of the above, have you reported this information to the Unemployment Insurance Division?</i></p>	Yes Yes	No No
5. Have you returned to work? Company Name: Official name Please indicate the type of employer: New employer Previous employer	Yes	No
Start Date: Only current or pass date Please indicate the type of work: Full-time Part-time		
6. Do you have a return to work date? Company Name: Official name Please indicate the type of employer: New employer Previous employer	Yes	No
Start Date: Only current or pass date Please indicate the type of work: Full-time Part-time		

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

Participant's Signature: _____ Date: _____ Staff Signature: _____ Date: _____