

WORKFORCE SERVICES

sdjobs.org

RE-EMPLOYMENT SERVICES ELIGIBILITY AND AVAILABILITY

OFFICE USE ONLY		
Next Report Date:	__/__/__	
Method of Contact:		
<input type="checkbox"/> In Person	<input type="checkbox"/> Phone	<input type="checkbox"/> Other

Name: _____

Last four of SSN: _____

DLR Staff: _____

Date Completed: __/__/__

1) Do you work or perform a service for anyone now?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", did you work all the hours that the employer had for you?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employer Name: _____	Employer Phone Number: _____		
Employer Address: _____			
Dates Worked: _____	Full time <input type="checkbox"/>	or	Part time <input type="checkbox"/>
Average Number of Hours Worked per Week: _____	Hourly Wage: _____		
Are you working all the hours available to you?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "No", please explain the reason you are not: _____			
2) Have you worked or had earnings since your last report?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", is this the same employer as the employer in question 1?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not the same employer, please complete the following information:			
Employer Name: _____	Employer Phone Number: _____		
Employer Address: _____			
Dates Worked: _____	Full time <input type="checkbox"/>	or	Part time <input type="checkbox"/>
Hours Worked Each Week _____	Hourly Wage: _____		
Did you report work and earnings on your weekly certification(s)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "No", please explain the reason(s) you did not report work and earnings: _____			
3) Have you separated from any employer since your last report?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", is this the same employer as the employer in question 2?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not the same employer, please complete the following information:			
Employer Name: _____	Employer Phone Number: _____		
Employer Address: _____			
Dates Worked: _____	Full time <input type="checkbox"/>	or	Part time <input type="checkbox"/>
Hours Worked: _____	Hourly Wage: _____		
Explain the reason(s) you are no longer working: _____			
4) Are you self-employed or in business for yourself?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", provide the following information.			
Type of self-employment: _____			
Number of hours usually spent in self-employment each week: _____			

5) Since your last report, has there been any reason(s) you have been unable to work or accept work due to personal reasons, such as your illness, the illness of a family member, lack of child care, vacation, etc.? Yes No

If "Yes", complete the following.
 When were you unable to work or unable to accept work? _____
 Reason(s) you were unable to work or unable to accept work: _____

6) If you are currently in school, has your schedule changed? (If not in school, answer "No.") Yes No

If "Yes", explain any changes. _____

7) Did you start school or other training since your last report? Yes No

If "Yes", complete the following.
 Name of Institution: _____ Start Date: _____
 Type of Training: _____ Dates of Training: _____
 Number of Credit Hours Enrolled In: _____ Method of Attending: _____
 Explanation: _____

8) Are you registered for or planning to attend school or training in the future? Yes No

If "Yes", complete the following.
 Name of Institution: _____ Start Date: _____
 Type of Training: _____ Dates of Training: _____
 Number of Credit Hours Enrolled In: _____ Method of Attending: _____
 Explanation: _____

9) What kind of work are you looking for? _____

Barrier? Yes No Explain: _____

10) What was the wage on your last job? _____

11) What wage are you willing to work for now? _____

Barrier? Yes No Explain: _____

12) In what area(s) are you looking for work? (Cities and/or counties) _____

Barrier? Yes No Explain: _____

13) How many miles or minutes are you willing to travel for work? _____

Barrier? Yes No Explain: _____

14) What days and hours did you work on your last job? _____

15) What days and hours are you available for now? _____

Barrier? Yes No Explain: _____

16) Do you normally work part time? Yes No

17) Will you work/look only for part time? Yes No

Barrier? Yes No Explain: _____

18) Have you looked for work since you filed your initial claim? If "No", explain why you have not looked for work.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19) Have you been offered any jobs since you filed your initial claim? If "Yes", complete the following.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employer Name: _____ Employer Phone Number: _____ Employer Address: _____ Hourly Wage: _____ Full time <input type="checkbox"/> or Part time <input type="checkbox"/> Date of Offer: _____ Type of Work Offered: _____ Number of Hours per Week: _____ Start Date: _____		
Did you accept a job offer? If "No", explain the reason(s) you did not take the job:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20) Have you failed to follow through on a referral from the local office? If "Yes", complete the following.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employer Name: _____ Employer Phone Number: _____ Employer Address: _____ Hourly Wage: _____ Full time <input type="checkbox"/> or Part time <input type="checkbox"/> Date of Referral: _____ Type of Work Offered: _____ Number of Hours per Week: _____ Start Date: _____		
Did the local office staff tell you to apply for this job or it could affect your benefits? Explain the reason(s) you did not apply for the job.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21) Are there any other potential eligibility issues not covered elsewhere?? Explanation:	Yes <input type="checkbox"/>	No <input type="checkbox"/>