

ELIGIBILITY REVIEW QUESTIONNAIRE

UC-BP-24 (Rev.03/2020)

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

1. Have you ever filed for unemployment insurance previously? YES ( ) NO ( )
If "Yes," when and where:

2. Are you available to accept full-time work? YES ( ) NO ( )
If "No," 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?

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:

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10. Are you claiming, receiving, applied for or do you plan to apply for:

- a. Pension ..... YES ( ) NO ( )
- b. Worker's Compensation (industrial injury) ..... YES ( ) NO ( )
- c. Educational assistance ..... YES ( ) NO ( )
- d. Disability benefits ..... YES ( ) NO ( )

If you answered "yes" to any of the above, explain:

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SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_