WE ARE YOUR DOL

Department of Labor

Unemployment Insurance Eligibility Questionnaire

Important: You must answer the questions on this form and give it to the New York State Department of Labor upon request. We use your answers to help decide if you are eligible for Unemployment Insurance benefits and to give us an idea of what your prospects are for finding another job.

In order to receive Unemployment Insurance benefits, you must be ready, willing and able to work. You must be actively seeking work in a sustained and systematic manner and be willing to accept work that you are suited for by training and/or experience. You must also keep and complete a work search record (online or written) for each week you claim Unemployment Insurance benefits. You must provide a copy of your written record to the Department of Labor upon request.

Your Name (First and Last):

La	st four (4) digits of your Social Security Number: XXX-XX	
1.	Are you ready, willing, and able to work? Yes \Box No If "No," explain:	
2.	Can you start work immediately? Yes INO If "No," explain:	
3.	Are you actively seeking work? Yes No a. What job titles are you seeking? b. Are you maintaining a work search record? Yes No	
4.	What hours are you willing to work? From: AM PM To: AM	D PM
5.	What shifts are you willing to work? 1st 2nd 3rd All	
6.	What is the lowest wage you will accept for this kind of work? \$ Per:	
7.	Check the days of the week you are willing to do this kind of work: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sur	nday
8.	You must be willing to travel a reasonable distance to get to work. Generally, a 'reasonable distance of tr one way, is one hour by private transportation or one-and-one-half hours by public transportation. Are you willing to travel one hour, if you are using private transportation, and one-and-one-half hours, if you are using public transportation, to get to work? Yes	avel,' □ No
9.	Are you attending school? Yes	🗆 No
	While claiming benefits, have you done or are you doing any service for a friend or relative's business, either with or without pay? Yes	🗆 No
	Are you receiving, or have you applied for Workers' Compensation or disability benefits? Yes	🗆 No
12.	Are you receiving, or have you applied for any pension or Social Security benefits? Yes	🗆 No
	If yes, do you limit yourself to the type of work, hours or days of work, or amount of earnings that you would accept because you are receiving these benefits? Yes	🗆 No
	certify the above information regarding my eligibility for Unemployment Insurance benefits is true to the best nowledge and Lunderstand that there are legal penalties for making false statements. Lunderstand that Lm	

knowledge and I understand that there are legal penalties for making false statements. I understand that I must promptly report any changes in the information given on this guestionnaire. I understand that if I do not comply with these conditions. I may not be eligible to receive Unemployment Insurance benefits.

Customer Signature: _____ Date: _____