WE ARE YOUR DOL



Work Search Plan for Unemployment Insurance

Name:	OSOS ID #:
1. □I understand that	at I must:
 be engag Plan and keep a de JobZone, search re 	willing, and able to work and actively seeking work during each week I claim benefits; ed in "systematic and sustained efforts to find work," which means I must follow this Work Search I understand the types of work that I must search for and accept; etailed record of my work search activities each week using the online Work Search Record in the New York State Department of Labor Work Search Record form, WS 5, or a similar work cord that I make that includes the information required, and; work search records for one year and make them available to the Department of Labor upon
2. □I will look for an	d accept work I am reasonably fitted to by training and/or experience.
l will do at least	: work search activities per week.
for similar work I can get prevai	at I must not refuse to accept work that pays at least the Unemployment Insurance "Cut Off" Wage, even if this is less than what I earned on my last job or less than the salary I would like to receive. ling wage rate data from the Department of Labor website at labor.ny.gov/uiwages.shtm .
type of work tha accept such wor	It after claiming 10 full weeks of benefits I must expand my work search. I must be willing to accept any t I am capable of performing, even if I do not have training or experience in that type of work. I will k as long as it pays the Unemployment Insurance "Cut Off" Wage for that occupation and at least 80% od high quarter wages.
5.□I am available t	o start work immediately.
Note : If you you may be	th for full-time work. I do not have a history of at least six months of part-time employment within the past 18 months, denied benefits if you do not seek or accept full-time work. If you are not searching for full-time in why here:
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7.□I am willing to tr	avel one hour by private transportation or one-and-one-half hours by public transportation to work.
8.□I have a means	of transportation to search for work and to get to work. My transportation includes:
Private \	Vehicle Public Transportation Other. If other, please describe:
training, and ind	work search strategy and approach as outlined. It was developed based on my skills, experience, dividual circumstances. It also considers any job restrictions or job search barriers that I have.
Additional Com	ments:

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		e to do the following work search activities and use the following work search tools. I understand that I must I record work search activities each week that I certify for benefits. (Check all that apply)		
1)		provided by the Department of Labor, such as:		
		Meet with Career Center advisors;		
		 Receive job market information from Career Center staff regarding the availability of jobs from a particular industry or region; 		
		Participate in skills assessments for occupation matching;		
		Participate in instructional workshops; and		
		Obtain and follow up with employers on job referrals and job matches from the Career Center.		
2)		Submit a job application and/or resume to employers or former employers who may reasonably be expected to have openings.		
3)		Attend job search seminars, scheduled career networking meetings, job fairs, or employment-related workshops that offer instruction to improve individual skills for obtaining employment.		
4)		Interview with potential employers.		
5)		Register, apply, or take job-related or pre-hire tests for a public or private employer, including civil service examinations.		
6)		Register with and check in with private employment agencies, placement services, unions, and placement offices of schools, colleges or universities, and/or professional organizations.		
7)		jobs, get leads, request referrals, or make appointments for job interviews.		
8)		Any other reasonable activity that may assist with obtaining employment.		
		Other/Notes:		
Certifi		ons		
✓	Ad	ctively search for work and keep a record of my search efforts each week as indicated above;		
✓	Review my work search plan each week before I claim benefits for that week and promptly report any changes in the above conditions to my local Career Center.			
l also	ackr	nowledge that:		
✓ I have reviewed and understand the Work Search Plan and Work Search Record forms.				
✓ I understand that I must attend all scheduled appointments, workshops, classes, and job recruitments.				
✓ I will report for all appointments scheduled by the Career Center and that if I do not, my Unemployment Insurance benefits may be withheld.				
✓ I will submit my Work Search Record for audits whenever requested and that if I do not, my Unemployment Insurance benefits may be withheld.				
✓	✓ I understand that the contacts I report on my work search record may be checked by the Department of Labor.			
✓	sta	ny intentional false statement on my Work Search Record is considered fraud. If I knowingly make any false atement to obtain Unemployment Insurance benefits, those benefits may be withheld, and penalties may be posed. These penalties may include prosecution.		
		at I have reviewed the information in this Work Search Plan. I understand that if I do not comply with the s of this Plan, I may not be eligible to receive Unemployment Insurance benefits.		
Customer Signature: Date:		Signature: Date:		
I met v	with	the customer to develop and review this plan.		
	Workforce Advisor: Date:			
		nter Location:		