



Initial Assessment Form

The answers you provide on this form will help us develop your reemployment plan together. Please print and complete this form and bring it with you to the **Reemployment & Eligibility Assessment Interview workshop**.

Name _____

Are you a Veteran? Yes ___ No ___

What is your usual occupation? _____

Length of Experience _____

Last Rate of Pay _____

- Have you worked since you filed your UI claim? Yes ___ No ___
- Do you have a definite return to full-time work date? Yes ___ No ___
 - If yes, what is the employer name, phone number, and start date? _____
- What type of work are you seeking? _____
 - During your interview, we will review your work search history as related to the labor market.
- Are you enrolled or planning to enroll in school or training? Yes ___ (Date?) ___ No ___
- How do you spend your days since you stopped working? _____

What do you think is preventing you from getting a full-time job?

<input type="checkbox"/>	Skills outdated or lacking, need training	<input type="checkbox"/>	Legal restrictions
<input type="checkbox"/>	Lack of work history	<input type="checkbox"/>	Need resume or cover letter assistance
<input type="checkbox"/>	Need interview skills help	<input type="checkbox"/>	Need child care
<input type="checkbox"/>	Reliable transportation	<input type="checkbox"/>	Language barrier
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Lack of computer experience
<input type="checkbox"/>	Need tools or work clothes	<input type="checkbox"/>	Food/lodging
<input type="checkbox"/>	Working telephone	<input type="checkbox"/>	Gas assistance for job search
<input type="checkbox"/>	Need help establishing an email	<input type="checkbox"/>	Other:

(Remainder of form to be completed with job center staff during your interview)

Individual Reemployment Plan

Reemployment Service

Based on our assessment of your work search activity, the labor market, and the area(s) selected above, this is the reemployment service we have agreed will help you get a full-time job: _____.

(Continue only if the assessment and the reemployment service were not completed during the interview)

Assessment and Referral to Reemployment Service (if not completed during interview for any reason)

To avoid denial of unemployment insurance (UI) benefits, the above assessment and the agreed upon reemployment service must be completed by the date shown on your UI notification letter _____.

Signing this form signifies that you understand failure to complete the assessment and reemployment service above will result in a denial of UI benefits.

Claimant Signature

Date