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 ___
  o If yes, what is the employer name, phone number, and start date? ____________________

• What type of work are you seeking?  ________

___________________________________________________________

o 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?

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Skills outdated or lacking, need training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

(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