



**Reemployment Services and Eligibility Assessment (RESEA) Program
Eligibility Review Form**

Name: _____ **Last 4 digits of SS#:** _____

E-mail: _____ **Phone:** _____

Please complete this form, so we can review your continued eligibility for unemployment insurance (UI) benefits and assist you with reemployment services.

1. Do you have an active registration in NCWorks Online, www.ncworks.gov , our one-stop online resource for job seekers and employers in North Carolina?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you have an up-to-date resume in www.ncworks.gov ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. What was your last job?		
4. What was your salary on your last job?		
5. What jobs are you looking for?		
6. Please describe how you look for work:		
7. List the geographical areas where you are looking for work.		
8. Have you expanded your job search since you began collecting unemployment insurance (UI)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. How will you get to work? <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> other: _____		
10. What is the farthest distance you are willing to travel one-way for a job? _____ miles		
11. What is the lowest salary you will accept?		
12. Since filing your claim, have you been able and available for work, seeking work, and keeping a record of your work search as directed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Since filing your claim, have you received any holiday, vacation, bonus, or separation pay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Since filing your claim, have you begun receiving or made any changes to any type of retirement pension?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Since filing your claim, have you done any work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

16. Since filing your claim, have you refused any work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Since filing your claim, have you quit and/or been discharged from a job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Since filing your claim, have you been self-employed or worked on a commission basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Since filing your claim, have you attended school or training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Do you have a definite offer of employment? If "Yes", enter your scheduled start date _____ Employer name: _____ Employer's Address: (Number and Street) _____ (City) _____ (State) _____ (Zip) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Claimant Signature _____ **Date** _____

Reviewer Signature _____ **Date** _____

(07/14)

An Equal Opportunity/Affirmative Action Employer/Program
 Auxiliary aids and services are available upon request to individuals with disabilities.