



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 _____

- Were you laid off from your job? Yes__ No__
- 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) Date: _____
 - If yes, what is the employer name and phone number? _____
- What type of work are you seeking? _____
 - During your interview, we will review your work search history and compare them to the job market.
- Are you enrolled or planning to enroll in school or training? Yes__ No__ (If Yes) Date: _____
 - During your interview, we may talk about possible job training and apprenticeship opportunities.
- How do you spend your days since you stopped working? _____

- What do you think is preventing you from getting a full-time job? (Check all that apply.)

<input type="checkbox"/>	Skills outdated or lacking, need training	<input type="checkbox"/>	Legal restrictions
<input type="checkbox"/>	No jobs available in labor market	<input type="checkbox"/>	Need resume or cover letter assistance
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Need child care
<input type="checkbox"/>	Reliable transportation	<input type="checkbox"/>	Language barrier
<input type="checkbox"/>	Need better interview skills	<input type="checkbox"/>	Lack of computer experience/no email address
<input type="checkbox"/>	Need tools or work clothes	<input type="checkbox"/>	Food/lodging
<input type="checkbox"/>	No working telephone	<input type="checkbox"/>	Gas assistance for job search
<input type="checkbox"/>	Was primarily a homemaker	<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, we agreed this reemployment service will help you get a full-time job: _____.

Referral to WIOA Services (Complete SSR Form on own time)

We agreed to a referral to job training, supportive services, job search services, and/or relocation. Yes__ No__

Important: If the assessment AND the reemployment service are not completed by this date _____, your UI benefits may be denied. During your assessment interview, please sign and date this form, and give it to your job center representative, to show that you understand that your UI benefits may be affected if you do not timely complete reemployment services requirements.

Signature _____ Date _____