ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Unemployment Insurance Program
P. O. Box 29225, Phoenix, Arizona 85038

FAX _____

ESTE DOCUMENTO AFECTA SU ELEGIBILIDAD PARA RECIBIR SEGURO POR DESEMPLEO. SI USTED NO LEE INGLÉS, COMUNÍQUESE CON UNO DE LOS CENTROS DE ATENCIÓN AL CLIENTE INDICADOS A CONTINUACIÓN.

Date Mailed _____

Claim Number _____

_____

_____

_____

_____

You have been scheduled for an eligibility review by Unemployment Insurance Program staff. Your eligibility for Unemployment Insurance Benefits will be reviewed based on the information you provide, and our staff will determine what services the department can provide to assist you in your reemployment efforts. If you have any questions, call **602-364-2722** if you live in the Phoenix area, **520-791-2722** if you live in the Tucson area. Outside Phoenix and Tucson call toll free **1-877-600-2722** or **1-877-877-6226** for TDD for hearing impaired *(para los sordos)*.

FAILURE TO RETURN, SIGN AND COMPLETE THIS FORM COULD RESULT IN DENIAL OF BENEFITS

Please enter your social security number in the space provided on the reverse of this form to avoid any potential delay in the payment of benefits. This form must be received or postmarked no later than seven days after the mailing date shown above. Mail or fax to the address or fax number shown above

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ELIGIBILITY REVIEW QUESTIONNAIRE

Claimant's Name *(Last, First, M.I.)* _____ SOC.SEC.NO _____

1. Indicate the kind(s) of work you are trying to find and length of experience in each

_____ YRS. _____ MOS. _____

_____ YRS. _____ MOS. _____

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2. Indicate the kind of work you did for your last full-time employer _____

Rate of Pay $ _____ ☐ HR. ☐ WK. ☐ MO. Length of Employment _____

3. Lowest rate of pay you are now willing to accept for a new job _____ PER ☐ HR. ☐ WK. ☐ MO.

4. Indicate the shift(s) you are willing and able to work ☐ Day Shift ☐ Afternoon Shift ☐ Night Shift

5. Indicate the days you are willing and able to work ☐ SUN. ☐ MON. ☐ TUE. ☐ WED. ☐ THU. ☐ FRI. ☐ SAT.

6. Indicate the number of miles you are willing and able to travel to work _____

7. Indicate the means of transportation you now use ☐ Own Car ☐ Bus ☐ Bicycle ☐ Walk

☐ Other *(Specify)* _____

	YES	NO
8. Do you have children or anyone else requiring care which would prevent you from accepting full-time employment? If yes: Please Explain _____	☐	☐
9. Do you have a definite date to return to work with an employer? If Yes: Date _____ Employer's Name and Address *(No., Street, City, State, Zip)* _____	☐	☐
10. Do you obtain work only through a hiring union? If Yes: Are you on the out-of work list? If yes: Most Recent Date Signed Onto the List _____ Union Name _____ Local Number _____	☐ ☐	☐ ☐
11. Do you need a special license to do your work, e.g., chauffeur, barber, nurse, real estate? If Yes: Date Your License Expires _____ Type of License _____	☐	☐
12. Are you or have you been in business of any kind, a corporate officer, working on a commission basis, doing any odd jobs, working part-time or full time? If yes: Please Explain _____	☐	☐
13. Are you attending or planning to attend school, or have you attended school in the past six months? If yes: Name of School _____ Days/Hours of Attendance _____	☐	☐
14. Are you receiving or have you applied for retirement or any other type of pension /annuity *(other than Social Security)*? If Yes: Name/Type _____ Amount _____	☐	☐
15. Do you have a physical condition or disability which would limit your ability to work full time now? If yes: Please Explain _____	☐	☐
16. Is there any reason you could not accept full-time work now? If yes: Please Explain _____	☐	☐

CERTIFICATION: I have answered these questions for the purpose of obtaining Unemployment Insurance benefits, knowing that the law provides penalties for making false statements. I understand that I am to review this form for each week I claim benefits and if the information which I have provided, changes, I must report these changes to my local Unemployment Insurance office immediately.

Claimant Signature _____ Date _____

Deputy's Signature _____ Date _____