

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Unemployment Insurance Program

**ELIGIBILITY REVIEW QUESTIONNAIRE**

Claimant's Name (*Last, First, M.I.*): \_\_\_\_\_ Claimant ID: \_\_\_\_\_

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

\_\_\_\_\_ Years: \_\_\_\_\_ Months: \_\_\_\_\_  
 \_\_\_\_\_ Years: \_\_\_\_\_ Months: \_\_\_\_\_  
 \_\_\_\_\_ Years: \_\_\_\_\_ Months: \_\_\_\_\_

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

Rate of Pay \$ \_\_\_\_\_ Hourly Weekly Monthly Length of Employment: \_\_\_\_\_

3. Lowest rate of pay you are now willing to accept for a new job: \_\_\_\_\_ Per: Hour Week Month

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 ( <i>No., Street, City, State, ZIP</i> ):		
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: \_\_\_\_\_