

## WORK SEARCH EFFORTS

Name \_\_\_\_\_

SS # \_\_\_\_\_

Your availability for work is in question because you failed to provide information to show that you contacted at least five prospective employers in your search for work or contacted your One-Stop Career center to receive reemployment services for the period shown below:

Period beginning \_\_\_\_\_ through \_\_\_\_\_

### Section I Work Search Efforts

1. Did you attempt to submit 5 contacts for the period in question?  Yes  No

2. The reason for not submitting the five (5) contacts is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Did you contact your local One-Stop center representative to discuss reemployment services?  Yes  No

(i.e., resume writing workshop, interviewing skills training, job search and placement assistance, Ready to Work testing, training opportunities, etc.)

4. Did you attempt to submit the One-Stop contact?  Yes  No

Date of Contact: \_\_\_\_\_

Name of One-Stop: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Person Contacted: \_\_\_\_\_

Service(s) Offered: \_\_\_\_\_

\_\_\_\_\_

**Section II Availability to Work**

Check all that apply to you.

- I did not make my recommended work search.
- I did not look for work from \_\_\_\_\_ to \_\_\_\_\_.
- I did not have transportation. (Explain below. Give usual methods of transportation, alternatives, ability to get a job.)
- I did not have child care from \_\_\_\_\_ through \_\_\_\_\_.
- I was out of the area from \_\_\_\_\_ through \_\_\_\_\_.
- I was incarcerated from \_\_\_\_\_ through \_\_\_\_\_.
- Other (Explain below.)

Explain the efforts you made to remove the restriction affecting your availability for work. (Failure to remove this restriction may affect your eligibility for benefits.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section III Work Search Record**

DATE OF CONTACT	BUSINESS NAME, WEBSITE NAME/URL OR E-MAIL ADDRESS	METHOD OF CONTACT	TYPE OF WORK SOUGHT	RESULTS OF YOUR SEARCH

To list additional work search contacts, use the Work Search Record, Form UC20A located on the Intranet under Forms Directory, Claims Forms.

<p>Claimant Certification: I make this statement for the purpose of obtaining reemployment benefits, knowing the law provides penalties for false statements. The above facts are true to the best of my knowledge and belief.</p>		<p>Interviewer Certification: The statements contained on this form were read to the parties who made them. An opportunity to amend the statement was provided and each party concurred that information contained in the statement was accurate and true as written.</p>
<p>Claimant's Signature</p>	<p>Date</p>	<p>Interviewer's Signature</p>