

# WE ARE YOUR DOL



## Unemployment Insurance Eligibility Questionnaire

**Important:** You must answer the questions on this form and give it to the New York State Department of Labor upon request. We use your answers to help decide if you are eligible for Unemployment Insurance benefits and to give us an idea of what your prospects are for finding another job. In order to receive Unemployment Insurance benefits, you must be ready, willing and able to work. You must be actively seeking work in a sustained and systematic manner and be willing to accept work that you are suited for by training and/or experience. After you have received Unemployment Insurance benefits for ten (10) weeks you must be willing to accept any work that you are capable of doing, whether or not you have experience or training in that kind of work (see New York Labor Law Section 591.2 and 593 for more information). You must also keep and complete a work search record (Online or written) for each week you claim Unemployment Insurance benefits. You must provide a copy of your written record to the Department of Labor upon request.

**Name:** MARK HAZEL

**SSN:** \*\*\*\*\*

|    |   |   |   |
|----|---|---|---|
|    |   |   |   |
| 1. | Are you ready, willing, and able to work?   | Y <input checked="" type="checkbox"/> X | N |
|    | If "No," explain.   |   |   |
| 2. | Can you start work immediately?   | Y <input checked="" type="checkbox"/> X | N |
|    | If "No," explain.   |   |   |
| 3. | Are you actively seeking work?  | Y <input checked="" type="checkbox"/> X | N |
|    | a. Are you maintaining a work search record?  | Y <input checked="" type="checkbox"/> X | N |
|    | b. What job titles are you seeking?<br>Computer Systems Administration, Courier,<br>Computer Automation |   |   |
| 4. | What hours are you willing to work?   |   |   |
|    | From:   | 8:00am                                  |   |
|    | To:   | 5:00pm                                  |   |
| 5. | What shifts are you willing to work?  |   |   |
|    | First   | <input checked="" type="checkbox"/> X   |   |
|    | Second  |   |   |
|    | Third   |   |   |

|     |  |                        |     |
|-----|--|------------------------|-----|
| 6.  | Check the days of the week you are willing to do this kind of work:  |                        |     |
|     | Sun  | Mon X                  |     |
|     | Tues X   | Wed X                  |     |
|     | Thurs X  | Fri X                  | Sat |
| 7.  | What is the lowest wage you will accept for this kind of work?   |                        |     |
|     | \$ 60,000  | Per Year               |     |
| 8.  | You must be willing to travel a reasonable distance to get to work. Generally, a 'reasonable distance of travel,' one way, is one hour by private transportation or one-and-one-half hours by public transportation. |                        |     |
|     | a. How can you travel to work?   | Private Transportation |     |
|     | b. Are you willing to travel one hour, if you are using private transportation, and one-and-one-half hours, if you are using public transportation, to get to work?  | Y X                    | N   |
| 9.  | Are you attending school?  | Y                      | N X |
| 10. | While claiming benefits, have you done or are you doing any service for a friend or relative's business, either with or without pay?   | Y                      | N X |
| 11. | Are you receiving, or have you applied for Workers' Compensation or disability benefits?   | Y                      | N X |
| 12. | Are you receiving, or have you applied for any pension or Social Security benefits?  | Y                      | N X |
|     | If yes, do you limit yourself to the type of work, hours or days of work, or amount of earnings that you would accept because you are receiving these benefits?  | Y                      | N   |

I answered these questions to obtain Unemployment Insurance benefits. I understand that there are legal penalties for making false statements. I understand that I must promptly report any changes in the information given on this questionnaire. I understand that if I do not comply with these conditions, I may not be eligible to receive Unemployment Insurance benefits.

Signed by:  
 Signature:   
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 Date Signed: 9/19/2024