



Name

First MI Last

State ID

Please answer the questions below for Week Ending Date _____:

- 1. Have you been offered work since you became unemployed? YES NO
- 2. Are you planning to attend any school? YES NO
- 3. Are there any days, hours, or shifts you are not willing to work? YES NO

If yes, what? _____

- 4. Is there any reason why you could not take a full-time job immediately (such as illness, injury, pregnancy, care of children or aged parents, self-employment, lack of transportation, etc.)? YES NO

If Yes, why? _____

Comments (Staff Use Only)

Claimant's Signature _____ Date _____

Staff Signature _____ Date _____