

Batch # _____

UNEMPLOYMENT INSURANCE QUALITY CONTROL
CLAIMANT QUESTIONNAIRE

Please answer the following questions as accurately as possible. If you do not know the answer, leave it blank. The interviewer will discuss it with you later. If you need help, please ask. Please print or write clearly.

Your answers will be used to determine if your unemployment insurance benefits were paid properly. The information you give us will be verified. The law provides penalties for false statements to obtain benefits.

1. What is your full name? _____
FIRST MIDDLE LAST

2. In the last two years, have you used a name other than the name you gave in item 1?

NO

YES ----> (If YES) What other name(s) have you used?

3. What is your social security number? _____

4. What is your street address?

STREET / APARTMENT NUMBER

CITY / STATE / ZIP CODE

5. If your mailing address differs from your street address, what is your mailing address? If it is not different, go to Question #6.

STREET OR POST OFFICE BOX

CITY / STATE / ZIP CODE

Appendix B

6. Have you moved since you first filed for unemployment benefits on _____?
(date of most recent new or additional claim)

NO

YES ----> (If YES) What was your address when you first filed?

_____/_____
STREET APARTMENT NUMBER
_____/_____/_____
CITY STATE ZIP CODE

7. At what telephone number(s) can you be contacted?

_____/_____
AREA CODE NUMBER

8. What is your date of birth? _____/_____/_____
MONTH DAY YEAR

9. What is your sex?

MALE

FEMALE

10. What is your ethnic group?

WHITE, NOT HISPANIC

BLACK, NOT HISPANIC

HISPANIC

AMERICAN INDIAN OR ALASKAN NATIVE

ASIAN OR PACIFIC ISLANDER

11. Are you a citizen of the United States?

YES

NO ----> (If NO) When you were working in the U.S., were you issued an Alien Registration Receipt Card, Form I-151, commonly called a "green card"?

YES

NO ----> When you were working in the U.S., what document or form number were you issued?

CIRCLE ONE

12. What is the highest level of academic schooling you completed? (A high school equivalency diploma or GED is equal to 12 years of school.) (Do not count vocational, business, or technical school here -- see #13 below.)

GRADE SCHOOL: 0 1 2 3 4 5 6 7 8

HIGH SCHOOL: 9 10 11 12

COLLEGE:	SOME	ASSOCIATE	B/A; B/S	GRADUATE
	COLLEGE	DEGREE		DEGREE

a. When did you last attend school? _____/_____
MONTH YEAR

b. Name of last school you attended _____

c. Location of last school you attended

_____/_____
CITY STATE

d. If you attended college, what was your major area(s) of study?

13. Have you ever had vocational or technical school training?

- [] NO ----> (GO TO QUESTION 14)
[] YES ----> (If YES) What kind of certificate do you have?

Appendix B
PRIOR EMPLOYMENT

14. Please provide the following information about your jobs prior to filing your most recent claim for unemployment. (BEGIN WITH YOUR MOST RECENT EMPLOYER AND WORK BACK):

a. Employer name and address

-------	--	--	--	--

b. Name of supervisor

-------	--	--	--	--

c. Address/location of job site

-------	--	--	--	--

d. Phone number of employer

-------	--	--	--	--

e. Type of business (manufacturing, etc.)

-------	--	--	--	--

f. Last day worked

-------	--	--	--	--

g. Length of employment

DAYS		_____DAYS		_____DAYS		_____DAYS		_____DAYS		_____DAYS
------	--	-----------	--	-----------	--	-----------	--	-----------	--	-----------

MONTHS		_____MONTHS		_____MONTHS		_____MONTHS		_____MONTHS		_____MONTHS
--------	--	-------------	--	-------------	--	-------------	--	-------------	--	-------------

YEARS		_____YEARS		_____YEARS		_____YEARS		_____YEARS		_____YEARS
-------	--	------------	--	------------	--	------------	--	------------	--	------------

h. Your job title

i. Your usual wages _____/HR. _____/HR. _____/HR. _____/HR.
on this job _____/WK. _____/WK. _____/WK. _____/WK.
(enter only one) _____/MO. _____/MO. _____/MO. _____/MO.

j. Reason for separation (check block that indicates why you are no longer working for this employer

<input type="checkbox"/> Laid off, RIF <input type="checkbox"/> Discharged <input type="checkbox"/> Quit/Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other	<input type="checkbox"/> Laid off, RIF <input type="checkbox"/> Discharged <input type="checkbox"/> Quit/Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other	<input type="checkbox"/> Laid off, RIF <input type="checkbox"/> Discharged <input type="checkbox"/> Quit/Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other	<input type="checkbox"/> Laid off, RIF <input type="checkbox"/> Discharged <input type="checkbox"/> Quit or retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other
--	--	--	---

15. Circle the days of the week you usually worked on your most recent job.

SUN MON TUES WED THURS FRI SAT

16. What hours or shifts did you usually work on your most recent job?

FROM _____ a.m. TO _____ p.m.

_____ p.m. _____ a.m.

OR

1ST SHIFT - DAY

2ND SHIFT - SWING

3RD SHIFT - NIGHT

OTHER SHIFT - INCLUDING ROTATION

17. What were your main duties while at your most recent job?

18. Is this the kind of work you usually do?

NO----> (If NO) What kind of work do you usually do?

YES

19. What is your normal wage for the work you usually do?

(See questions 17 and 18 above.) \$_____per_____ (hr. wk. etc.)

Appendix B

20. Do you expect to be called back to work by any past employer?

[] NO ----> (GO TO Question 21)

[] YES ----> (If YES) Please answer the following questions:

a. Do you have or have you received a recall notice?

[] NO

[] YES

b. When were you told you would be recalled? _____ / _____ / _____
mo. day yr.

c. Who notified you about the recall?

d. When will you report back to work? _____ / _____ / _____
mo. day yr.

e. Name of employer _____

f. Address of employer

STREET

CITY STATE ZIP CODE

Appendix B

WORK SEARCH

The next group of questions ask about your efforts to find work. Some of these questions will refer to a specific week, called "THE WEEK." "THE WEEK" is the week that began on _____ and ended on _____. Please keep these dates in mind when answering the questions about "THE WEEK."

21. How many miles are you willing to travel one-way daily to a job?
_____ MILES
22. How many minutes are you willing to travel one-way daily to a job?
_____ MINUTES
23. Do you have a valid driver's license?
 NO
 YES
24. By what means do you normally travel to look for work?
(Check all that apply.)
 PERSONALLY OWNED VEHICLE
 BORROW A VEHICLE
 RIDE WITH FRIENDS OR RELATIVES
 PUBLIC TRANSPORTATION
 OTHER (Specify) _____
25. In what location(s) do you plan to look for work?

26. In what location(s) have you looked for work?

27. Would a job have to last a certain period of time before you

would accept it?

[] NO

[] YES ----> (If YES) Explain

Appendix B

28. What is the type of work you are looking for and what is the length and type of experience you have in this occupation?

<u>Type of Work Looking For</u>	<u>Length/Type of Experience</u>
a _____ _____	a _____ _____
b _____ _____	b _____ _____
c _____ _____	c _____ _____
d _____ _____	d _____ _____

29. What is the lowest rate of pay you will accept for a job?

\$ _____

30. What hours are you willing and able to work on a job?

FROM _____ a.m. _____ p.m.

_____ p.m. _____ a.m.

31. Which shifts are you willing and able to work on a job? (Check all that apply)

- 1ST SHIFT - DAY
- 2ND SHIFT - SWING
- 3RD SHIFT - NIGHT
- OTHER SHIFT - INCLUDING ROTATION

32. Circle the days of the week you are willing and able to work.

SUN	MON	TUES	WED	THURS	FRI	SAT
-----	-----	------	-----	-------	-----	-----

Appendix B

THE WEEK BEGAN ON _____ AND ENDED _____

33. Have you registered with the Job Service to find work since you filed for unemployment benefits on _____?
(date of initial claim)

[] NO ----> (GO TO QUESTION 34)

[] YES ----> (If YES) Please answer the following questions:

a. On what date did you last contact the Job Service prior to THE WEEK?

b. Where is the Job Service office that you contacted?

STREET

CITY / STATE / ZIP CODE

c. During THE WEEK, did the Job Service refer you to any jobs?

[] NO ----> (GO TO QUESTION 34)

[] YES ----> (If YES) To how many jobs were you referred?

d. What were the results of these referrals?

34. Have you registered with a private employment agency since you first filed for unemployment benefits on _____?
(date of initial claim)

[] NO ----> (GO TO QUESTION 35)

[] YES ----> (If YES) Please answer the following questions.

a. When did you register with the agency?

b. What is the name of the agency?

c. What is the address of the agency?

STREET

CITY / STATE / ZIP CODE

THE WEEK BEGAN ON _____ AND ENDED ON _____

d. What is the phone number of the agency?

e. During THE WEEK, did this agency refer you to any jobs?

NO ----> (GO TO QUESTION 35)

YES ----> (If YES) To how many jobs were you referred? _____

f. What were the results of these referrals?

35. During THE WEEK, were you an active member of a union?

NO ----> (GO TO QUESTION 36)

YES ----> (If YES) Please answer the following questions.

a. Union Name _____

b. Local Number _____

c. Union Address

STREET

CITY / STATE / ZIP CODE

d. Is your union a local hiring hall?

NO

YES

e. Union phone number _____

f. Whom do you contact at the local?

NAME _____

TITLE _____

g. Do you get work ONLY through the union?

- NO
- YES

Appendix B

THE WEEK BEGAN ON _____ AND ENDED ON _____

h. Will you accept a non-union job? Yes No

i. During THE WEEK, were you eligible to be referred to jobs by the union?

- NO ----> (If NO) Explain
- YES

j. During THE WEEK, were you on the out-of-work list?

NO ----> (If NO) Explain

YES ----> (If YES) When was the last time you signed the out-of-work list? _____

k. During THE WEEK, how many jobs were you referred to by the union? _____

l. What were the results of these referrals?

36. Are you currently attending school or enrolled in a training program?

- NO ----> (GO TO QUESTION 37)
- YES ----> (If YES) Please complete the following:

a. Name of school or training program _____

b. Address of school or training program _____

STREET

CITY

STATE

c. Is the schooling or training related either to the type of work you usually do or the type of work for which you are looking?

- NO

[] YES

Appendix B

THE WEEK BEGAN ON _____ AND ENDED ON _____

37. During THE WEEK, did you have any health problem, handicap or disability that limited your ability to do your usual work or to look for work?

- [] NO
- [] YES ----> (If YES) Explain

38. During THE WEEK, did you have any dependent(s) or other person(s) for whom you provided care during your normal working hours?

- [] NO ----> (GO TO QUESTION 39)
- [] YES ----> (If YES) Was there some other person or place available to provide the care?
 - [] NO ----> (GO TO QUESTION 39)
 - [] YES ----> (If YES) Give name, address, and phone number of the person or place that would give the care.

NAME

STREET / CITY / STATE

AREA CODE / NUMBER

39. During THE WEEK, was there any day that you were NOT available for work?

- [] NO
- [] YES ----> (If YES) List the days and the reasons you were NOT available for work.

40. During THE WEEK, was there any reason that you could NOT accept full-time work?

- NO
- YES ----> (If YES) Explain

Appendix B

THE WEEK BEGAN ON _____ AND ENDED ON _____

41. During THE WEEK, were you an officer of a corporation, union, or other organization?

- NO
- YES ----> (If YES) Give name of organization and office held.

42. During THE WEEK, did you need any special licenses or certificates to do type of work you were looking for?

- NO ----> (GO TO QUESTION 43)
- YES ----> (If YES) What kind of license or certificate?

When does it expire? _____

ATTENTION: In the chart on the next page, complete the information requested for the job contacts you made during THE WEEK. If you had more than three job contacts, the interviewer will give you another worksheet.

Include all job contacts you made during THE WEEK including those from unions, private employment agencies, and the State Job Service.

-----PLEASE GO TO NEXT PAGE-----

43. NOTE: "THE WEEK" BEGAN ON _____ AND ENDED ON _____
 Answer each question on this page for the job contacts that you
 made during THE WEEK: *REMINDER* Include unions and private
 employment agencies when completing this chart.

	JOB CONTACT #1	JOB CONTACT #2	JOB CONTACT #3
a. Name and address of Employer			
b. Date of Contact			
c. Name/Title of Person Contacted			
d. Area Code/Phone Number of Person Contacted			
e. How Was Job Contact Made? (Check all that apply.)	<input type="checkbox"/> In-Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail	<input type="checkbox"/> In-Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail	<input type="checkbox"/> In-Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail
f. Type of Work You Applied For			
g. Was application or Resume submitted?	NO YES <input type="checkbox"/> <input type="checkbox"/>	NO YES <input type="checkbox"/> <input type="checkbox"/>	NO YES <input type="checkbox"/> <input type="checkbox"/>

h. Was this Your First Contact With This Employer?	NO []	YES []	NO []	YES []	NO []	YES []
Check Results of Each Job Contact	NO	YES	NO	YES	NO	YES
i. Work Available	[]	[]	[]	[]	[]	[]
j. Job Offer Made	[]	[]	[]	[]	[]	[]
k. Job Offer Accepted	[]	[]	[]	[]	[]	[]
l. Expect Future Offer	[]	[]	[]	[]	[]	[]

NOTE: If you checked YES for questions 43j, or 43k, more information is requested in Question 44. 43.

44. During THE WEEK, did you get any job offers either from the contacts you listed in question 43 or from contacts you made in previous weeks? (If you need more space for your answers, the interviewer will give you another worksheet.)

[] NO ----> (GO TO QUESTION 45)

[] YES ----> (If YES) Did you accept any jobs offered to you?

[] NO ----> (If NO) Why not? _____

[] YES ----> (If YES) Please complete the following:

a. Date you accepted the offer. _____

b. Date you began or will begin work. _____

c. Name of employer _____

d. Address of Employer

STREET

_____ / _____ / _____

CITY STATE ZIP CODE

e. Phone number of employer _____

45. During THE WEEK, did you do work of any kind?

[] NO ----> (GO TO QUESTION 46)

[] YES ----> (If YES) Please answer the following questions:

a. What type of work did you do? (If you worked at more than one job during THE WEEK the interviewer will give you another worksheet.)

b. Days and times worked _____

c. Name/address of employer _____

STREET

_____ / _____ / _____

CITY STATE ZIP CODE

d. Reason no longer employed _____

Appendix B

46a. Check all of the following sources of income you had during THE WEEK, excluding unemployment compensation, and list the amount you received from each source for THE WEEK, even if you were paid at some other time.

- [] WAGES \$_____ [] EARNINGS FROM SELF-EMPLOYMENT OR CONTRACT LABOR \$_____
- [] COMMISSION PAYMENTS \$_____ [] RESERVE/NATIONAL GUARD PAY \$_____
- [] SEPARATION OR SEVERANCE PAY \$_____ [] HOLIDAY PAY \$_____
- [] WAGES IN LIEU OF NOTICE \$_____ [] VACATION PAY \$_____
- [] TIPS OR GRATUITIES \$_____ [] WORKERS COMPENSATION \$_____
- [] DISABILITY PAYMENTS \$_____ (Do not include Social Security or Veteran's Benefits.) [] OTHER (Specify) _____ \$_____
- [] NONE

B. During THE WEEK, were you entitled to any Social Security, pension, or retirement fund payments?

- [] NO ----> (GO TO Question 47)
- [] YES ----> (IF YES) Please give the amount you received.

SOCIAL SECURITY \$_____ PER
 VETERANS BENEFITS \$_____ PER

RAILROAD RETIREMENT \$_____ PER
 FEDERAL CIVIL SERVICE RETIREMENT \$_____ PER
 U.S. MILITARY RETIREMENT \$_____ PER

STATE/LOCAL GOVERNMENT RETIREMENT \$_____ PER

