



Working with you for a better future.

SELF-EMPLOYMENT QUESTIONNAIRE

IMPORTANTE
TENGA ESTO TRADUCIDO INMEDIATAMENTE

Case No:

Name:

SS#:

In your application for unemployment benefits, you indicated that you are/were self-employed. The following information is needed to determine your eligibility for benefits.

- Please complete this form and return it by mail or fax to the office indicated on the cover sheet. Your form must be received within ten (10) days or a decision will be made based on available information.

1. Indicate Business Name:
Provide Business Address :
If this business is not operated out of your own home, please provide monthly rental expenses, if any.

2. When did you start this self-employment?

3. Are you still employed with this job? Yes No
Explain why not. (Use reverse side.)

If "Yes," please complete the following, starting with the most recently completed week.

Table with 3 columns: WEEK ENDING, HOURS SPENT, EARNED \$

4. What kind of work are you performing in your self-employment position? Please describe the type of work.

5. Have you ever engaged in self-employment prior to this job? Yes No
If "yes," please describe when and where you were self-employed.

Case #:

6. Have you invested any capital in order to perform this self-employment? Yes No
If "Yes," please provide approximate amount: \$ _____
(Documentation may be required at later time.)

7. List any items recently purchased for self-employment purposes. _____

8. What do you sell or produce? _____

9. How do you or would you get paid? _____

10. What type of work (occupation) have you performed in the past five-year period? _____

11. Are you making efforts to seek full-time employment (other than self-employment)? Yes No

If "yes," what type of work are you seeking?

If "no," please explain why.

Please list your efforts to locate employment for the last three (3) weeks in the section below. If additional space is required, please attach your list of efforts to this form when you return it to this agency.

EFFORTS / ADDITIONAL REMARKS:

CERTIFICATION

Print your name: _____ **SS #:** _____

Signature: _____ **Date:** _____ **Telephone #:** _____

I certify that the information I have provided above is true and correct, knowing the law provides penalties for false statements or the withholding of facts. I understand that a copy of the document may be given to any interested party upon request. If my claim for unemployment compensation benefits is approved, I understand that the decision could be reversed by a higher authority, and I agree to repay any amounts for which it is determined I am not eligible.