



Working with you for a better future.

TRANSPORTATION QUESTIONNAIRE

IMPORTANTE
TENGA ESTO TRADUCIDO INMEDIATAMENTE

Case No:

Name:

SS #:

In your application for unemployment benefits, you indicated that you quit your job due to transportation problems. 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 coversheet. Your form must be received within ten (10) days or a decision will be made based on available information.

1. What was your regular means of transportation prior to your separation? _____

If you traveled by car, who owns/owned the car? _____

2. Please describe the nature of your transportation problem including when it began. _____

3. In what town were you living at the time? _____

Where was the job located? _____

How long was your one-way commute to work in miles? _____ In time? _____

4. When you lost your regular transportation to work, were other means of transportation available to you, such as public transportation or rides to work with a co-worker? [] Yes [] No Please explain. _____

If other means of transportation were available to you, did you use them? [] Yes [] No _____

Please explain. _____

5. Did you inform your employer about your transportation problems? [] Yes [] No If yes:

When did you first inform your employer? _____

Who specifically did you speak with? (Name/Title) _____

Once your employer was informed, what, if any, efforts did you make with your employer to preserve your job? _____

Please describe the outcome of these efforts. _____

Case #:

6. Are you currently available for full-time work? Yes No If yes:

What hours and days are you available for work? _____

What kind(s) of work are you seeking? _____

Do you have experience at that kind of work? _____

How many miles are you willing to commute? _____

What is the lowest wage you are willing to accept? _____

What was your previous pay rate? _____

7. What means of transportation are you currently using to seek another job? _____

How many miles are you willing to commute to work? _____

If you currently have no transportation, how are you able to accept work? _____

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.