



Working with you for a better future.

GENERAL AVAILABILITY QUESTIONNAIRE

IMPORTANTE
TENGA ESTO TRADUCIDO INMEDIATAMENTE

Case No :

Name :

SS# :

DATE:

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. Are you physically and mentally able to work full-time?
2. What kind of work are you seeking?
3. What hours are you willing to work?
4. What shifts are you willing to work?
5. What is the lowest wage you will accept for this kind of work?
6. Check the days you are willing to do this kind of work.
7. How many miles are you willing to commute each way?
8. Specify the means of transportation you use.
9. If you are in receipt of social security benefits and should full time work be offered to you, are you willing to exceed any Social Security earning limitations which may apply to you?
10. Is there any reason you cannot accept full time work now?

NOTE: Connecticut Unemployment Compensation Law Section 31-235(2)(B) requires that in order to be eligible for unemployment benefits, an individual must be able to work, available for work, and actively seeking full time work.

ABLE to work, the individual must be physically and mentally able to perform the work that he is reasonably capable of performing based on prior experience and training;

AVAILABLE for work, the individual must be ready, able and willing to accept suitable full time work

(i) Within a reasonable geographical distance from his place of residence,

(ii) On the days that the work is customarily performed,

(iii) For hours as are lawful and customary for his usual occupation or industry or for other suitable work; and

MAKING REASONABLE EFFORTS, an individual must unequivocally expose himself to the labor market and "the individual's work search must be so extensive and so planned and carried out as to promote and substantially improve the prospects of obtaining work at the earliest possible moment."

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.