



DIVISION OF EMPLOYMENT SECURITY

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS ELIGIBILITY ASSESSMENT

1. Have you worked since you filed for unemployment insurance benefits? This includes full-time work, part-time work, or temporary work. Yes No If Yes, provide dates of employment.
Beginning Employment Date: _____ Ending Employment Date: _____
2. Please provide your rate of pay on your last job.
Hourly wage: \$ _____ or Salary: \$ _____ Weekly Monthly
3. How much experience did you have on that job? (check one)
 Less than 6 months 6 months – 1 year 1 year – 3 years 3 years – 5 years 5+ years
4. Are you looking for: Full-time work Part-time work Both
5. What type of work are you seeking?
 Construction Retail Office Services Management
 Manufacturing Transportation Health Care Other _____
6. What days are you available for work? (check all that apply)
 Sunday Monday Tuesday Wednesday Thursday Friday Saturday
7. What hours are you available for work?
From: _____ a.m. p.m. To: _____ a.m. p.m.
8. What is the lowest pay you will accept for work?
Hourly wage: \$ _____ or Salary: \$ _____ Weekly Monthly
9. What type of transportation do you have to get to a job? (check one)
 Private Vehicle Public Transportation Family/Friend None Other _____
10. How many miles are you willing to travel to a job (one way)? (check one)
 0-5 miles 5-10 miles 10-20 miles 20-30 miles More _____
11. Do you attend or plan to attend school or training? Yes No
If currently attending school or training, provide name of educational or training institution: _____
12. Are you self-employed? Yes No
If Yes, please provide the number of hours worked per week. _____ hours worked per week.
13. Do you have limitations that may keep you from performing the type of work that you are seeking?
 Yes No If Yes, please explain. _____

14. Do you have dependents who require care during work hours? Yes No
If Yes, will you be able to make arrangements for the dependents if you are offered work? Yes No

Name _____

Date _____

