



**DIVISION OF  
EMPLOYMENT  
SECURITY**

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
**SELF-EVALUATION QUESTIONNAIRE**

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 \_\_\_\_\_

