Eligibility Review Questionnaire



	Name	Participant ID	Date
١.	Type of work you are seeking	g: 🗌 Full time 🔲 Part time 🔲 Both	
2.	Employment in the past 18 m	oonths has been: 🗌 Full-time 🗌 Part-time	
	Average hours worke	ed per week:	
3.	Will you accept employment of 40 or more hours per week if offered?		
		t benefits (or since your most recent RESEA appointme sons (including travel out of the area)? YES	ent), have you been unavailable NO
	lf YES , Dates unavail	lable to work due to personal reasons:	
	Begin date:	End date:	
	Reason(s) you were	unavailable for work:	
5.	Do you have children or anyo	one else requiring care which would prevent you from	accepting full-time employment?
	lf YES , please explai	n:	
	Did/do you have transportation to work or to look for work? (If you have a way to get to job interviews and work, answer YES. This could be friends, relatives or public transportation.)		
	If NO , Date transportation lost:		
	Date tran	sportation obtained (if applicable):	
7.	How many miles are you willing to travel to your job (round-trip)?		
8.	Type of work you are looking	g for:	
	Do you have experience or training in this type of work? 🗌 YES 🗌 NO		
	If YES , amount of ex	xperience: # of weeks: # of months: # of ye	ears:
9.	Number of days per week yo	ou are willing to work:	
10.	Shifts you are willing to work	c (check all that apply): 🔲 🛯 🛄 2nd 🔲 3rd	
	If you are only willing	g to work one specific shift, please explain why:	
11.	Lowest wage you are willing	to accept: \$ per: 🗌 Hour 🗌 Week 🗌 N	Month 🗌 Year
CEF	RTIFICATION		
	-	ve provided is correct and complete, and I understand t sclose a material fact is punishable under the Kansas En	
Signa	iture:	Phone:	Date:
			OFFICE USE ONLY

Reviewer Name: