



AVAILABILITY - TRANSPORTATION

Please answer all questions below. Any questions left unanswered WILL NOT be considered when determining your eligibility for Unemployment Insurance.

Claimant Name: _____

Last 4 Digits of your Social Security #: _____ Date completing questionnaire: _____

Claimant statement

1. Do you currently have transportation? YES NO
- a. If No, did you previously have transportation? YES NO
- i. If yes, did your transportation issue change? YES NO
1. How did your situation change? _____
2. When did your situation change (mm/dd/yyyy)? _____
- b. If No, do you live on a bus line? YES NO
- i. If yes, are you willing to take a bus to work? YES NO
1. If No, are you able to obtain transportation? YES NO
- If yes, as of what date can you obtain transportation (mm/dd/yyyy)? _____

2. Are you available to work any shift? YES NO
- a. If yes, what shift(s)? (Select all that apply) 1st shift 2nd shift 3rd shift

3. Are you able to work part-time or full-time? FULL-TIME PART-TIME

4. What type(s) of work are you qualified to perform?

5. What type(s) of work are you seeking?

6. Have you applied for work since filing your claim? YES NO

a. If yes, where have you applied?

I hereby certify that, to the best of my knowledge and belief, the information I have provided is true. YES NO

Signature: _____