

**Oklahoma Employment Security Commission**  
Eligibility Review Questionnaire

<b>Social Security Number:</b>	<b>Claimant Name:</b>
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Completion Instructions

You were required to make two work search efforts each week you claim unemployment benefits. This form is designed to record the results of those efforts for the two weeks prior to your scheduled interview. Please complete all fields and answer all questions. If you found the contact in a publication and the name of the employer was not listed, provide the name and date of the publication. If you sent an application by email or completed an application online, include the email or web address. Work search efforts must be made during the week in which benefits are claimed. Failure to complete work search efforts will result in a disqualification of benefits. Week dates must run Sunday through Saturday. Example: Your interview is scheduled for November 16, 2015. The form should be completed for the weeks of November 1-7 (first week) and November 8-14 (second week).

**FIRST** Week Beginning \_\_\_\_\_ through Week Ending \_\_\_\_\_

Date	Employer Name and Address	Employer Telephone	Name of Contact	Method of Contact	Type of Work	Results

**SECOND** Week Beginning \_\_\_\_\_ through Week Ending \_\_\_\_\_

Date	Employer Name and Address	Employer Telephone	Name of Contact	Method of Contact	Type of Work	Results

What can we do to help you get back to work? \_\_\_\_\_

Do you require any assistance in updating your resume or help accessing Oklahoma Job Match? \_\_\_\_\_

I understand that my required number of work search efforts has been increased from two (2) to four (4) per week effective today. I understand that:

- Work search contacts can only be repeated after four (4) weeks;
- Contacts must be for work I am willing and qualified to do;
- Contacts must be made with an individual who has reasonable knowledge of job openings and if written applications are accepted, filed with the appropriate personnel;
- Multiple contacts with one employer are permissible provided they are not for the same job.
- I must stop filing when I return to work and notify the Commission of my new job.

Claimant signature: \_\_\_\_\_

Date: \_\_\_\_\_