



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 _____



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
WORK SEARCH RECORD

Name	Social Security Number XXX-XX-
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Keep a list of all the employers and labor unions you contact each week while claiming unemployment benefits. Make at least as many contacts each week as you were instructed when you first filed. **You must bring your completed Work Search Record with you when you report for your Reemployment Services and Eligibility Assessment interview.** You can get additional copies of this form by visiting: www.labor.mo.gov/sites/default/files/pubs_forms/4633-AI.pdf or you may use your own sheet.

Date of Contact	Employer's Name Address, and Phone Number	Method of Contact*	Name/Title of Person Contacted	Position Applied For	Was Application Taken?	Result of Contact
1-25-16	ABC Company - 829 Juniper Kansas City, MO 64111 816-555-1221	T	Eric Dean, Manager	Warehouse	Yes	Check back in Feb.

*T-Telephone P-In Person R-Sent Resume I-Internet

IMPORTANT: If needed, call 573-751-9040 for assistance in the translation and understanding of the information in this document.
¡IMPORTANTE! Si es necesario, llame al 573-751-9040 para asistencia en la traducción y entendimiento de la información en este documento.

Missouri Division of Employment Security is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711