

**BENEFITS ACCURACY MEASUREMENT
CLAIMANT QUESTIONNAIRE - PAID CLAIM**

Batch # _____ Seq _____

Please answer the following questions as accurately as possible. If you do not know the answer, leave it blank. The interviewer will discuss it with you later. If you need help, please ask. **Please print clearly.** Your answers will be used to determine if your unemployment insurance benefits were properly paid. This information will be verified. The last page of this questionnaire is for recording your work history.

Benefit Accuracy Measurement (BAM) audits randomly select paid and denied Unemployment Compensation (UC) claims to verify their accuracy. Failure to report, disclose, and/ or provide information when directed or to complete the BAM questionnaire by the due date, may result in a delay or denial of benefits. Your responses are subject to state confidentiality statutes, which must conform to Federal regulations (20 CFR Part 603). State and Federal agencies safeguard the confidentiality of the BAM information by:

- 1) using the information only for purposes of verifying claimant eligibility for UC and identifying general descriptive characteristics about the Unemployment Insurance program;
- 2) permitting access to the information by only authorized persons;
- 3) ensuring that the physical and electronic storage of the information is secure; and
- 4) publishing the results of the BAM audits in a format that precludes the identification of any individual providing the information.

<p>1. Name (First, Middle, Last) _____</p> <p>In the past three years, if you were known or earned income by another name, enter it here: _____</p>	<p>10. Race - Indicate by selecting one or more of the following: <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Unknown</p>
<p>2. Social Security Number (last 4 digits) _____</p> <p>In the past three years, if you earned income under another Social Security Number (SSN), enter the SSN here: _____</p>	<p>11. Ethnic Group - Indicate by selecting one of the following: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unknown</p>
<p>3. Street Address Apt Number _____</p>	<p>12. US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Registration # _____</p>
<p>4. City, State, ZIP _____</p>	<p>13. Highest level of education completed (circle one):</p> <p>Grade School - 0 1 2 3 4 5 6 7 8 High School - 9 10 11 12 Some College Associate Degree BA/BS Graduate School Major Field of Study: _____</p>
<p>5. Mailing Address (if different) _____</p>	
<p>6. If you have moved since you first filed for unemployment benefits on _____ enter your address when you first filed: _____</p>	<p>14. Have you had vocational or technical school training? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of certificate: _____</p>
<p>7. Telephone Number (include area code) _____</p>	<p>15. Circle the days of the week you usually work. SUN MON TUES WED THURS FRI SAT Do you usually work part time? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Date of Birth (MM/DD/YYYY) _____</p>	<p>16. Circle the days of the week you are willing and able to work. SUN MON TUES WED THURS FRI SAT Are you only seeking part time work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>17. What hours or shifts do you usually work? <input type="checkbox"/> 1st shift – Day <input type="checkbox"/> 2nd shift – Swing <input type="checkbox"/> 3rd shift – Night <input type="checkbox"/> Other shift – including rotation</p>

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18. What hours are you willing and able to work on a job?
FROM _____ am TO _____ pm OR
FROM _____ am TO _____ pm

19. Which shifts are you willing and able to work on a job?
 1st shift – Day 2nd shift – Swing
 3rd shift – Night Other shift – including rotation

20. In the last 18 months, what has been your normal wage for the work you usually do?
\$ _____ per _____

21. What is the lowest rate of pay you will accept for a job?
\$ _____ per _____

22. In the last 18 months, what has been your usual occupation?
_____ Describe your main job duties at your usual work?

23. Do you expect to be called back to work by any past employer?
 Yes No

If “Yes”, please answer the following:
Do you have or have you received a recall notice?
 Yes No

When were you told you would be recalled?
_____/_____/_____
Month Day Year

Who notified you? _____

When will you report back to work? _____

Name, Address and Phone Number of employer: _____

WORK SEARCH

The next group of questions asks about your efforts to find work. Some of these questions will refer to a specific week, called “**THE WEEK**”. “**THE WEEK**” is the week that began on _____ and ended on _____. Please keep these dates in mind when answering the questions about “**THE WEEK**”.

24. How many miles are you willing to travel one-way daily to a job?

25. How many minutes or hours are you willing to travel one way daily to a job?

26. Do you have a valid driver’s license?
 Yes No

27. By what means do you normally travel to look for work? (Check all that apply)
 Personally owned vehicle Borrow a vehicle
 Ride with friends Public transportation
or relatives Other (specify) _____

Do you have transportation to get to and from a job? Yes No

28. Would a job have to last a certain period of time before you would accept it?
 Yes No
If “Yes”, explain: _____

29. What is the type of work you are looking for?
a. _____ b. _____
What is the length and type of experience you have in these occupations?
a. _____ b. _____

30. Have you registered with the State Employment Service to find work since you first filed for unemployment benefits on _____?
 Yes No

31. During “**THE WEEK**”, did the State Employment Service refer you to any jobs?
 Yes No

32. What were the results of these referrals?

Have you received any referrals from the State Employment Services since you opened your current claim? Yes No
If “Yes”, to how many jobs were you referred? _____

33. Have you registered with a private employment agency where a fee is paid to them to find you work since you first filed for unemployment benefits on _____ Please note this is not a temporary agency.
 Yes No
If “Yes”, when did you register with the agency? _____
Name, Address, Phone Number of Agency: _____

During “**THE WEEK**”, did the Agency refer you to any jobs?
 Yes No
If “Yes”, how many jobs were you referred? _____
What were the results of these referrals? _____

"THE WEEK" is the week that began on _____ and ended on _____.

34. During **THE WEEK**, were you an active member of a union? Yes No

If "Yes" complete the following:

Union Name: _____

Local Number: _____

Address: _____

Phone Number: _____

Does your union have a local hiring hall? Yes No

Are your dues considered current? Yes No

Whom do you contact at the local?

Do you get work ONLY through the union? Yes No

Will you accept a non-union job? Yes No

During **THE WEEK**, were you eligible to be referred to jobs by the union? Yes No

If "No", explain: _____

During **THE WEEK**, were you on the out-of-work list? Yes No

No If "Yes", when was the last time you signed the list?

If "No", explain: _____

During **THE WEEK**, how many jobs were you referred to by the union?

What were the results of these referrals? _____

35. During **THE WEEK**, were you attending school or enrolled in a training program? Yes No If "Yes", complete the following:
Name, Address, Phone Number of school or training program:

Were you referred to this Program through a State Employment Service Agency? Yes No

Is the schooling or training related either to the type of work you usually do or the type of work you are seeking? Yes No

If you are in training, circle the type of program: vocational or academic

Do you have or can you obtain evidence that you are making satisfactory progress? Yes No

36. During **THE WEEK**, did you or a member of your immediate family have any health problem, handicap or disability that limited your ability to do your usual work or to look for work? Yes No

If "Yes", explain:

37. During **THE WEEK**, did you have any dependent(s) or other person(s) for whom you provided care during your normal working hours? Yes No

If "No" go to Question 38.

If "Yes" was there some other person or place available to provide care? Yes No

If "Yes" provide the name, address and phone number of the care provider:

38. During **THE WEEK**, was there any day(s) that you were **NOT** available for work? Yes No

If "Yes" list the day(s) and reason(s) you were **NOT** available:

39. During **THE WEEK**, was there any reason that you could **NOT** accept full-time work? Yes No

If "Yes" explain:

40. During **THE WEEK**, were you an officer of a corporation, union, or other organization? Yes No

If "Yes" give name of organization and office held:

41. During **THE WEEK**, did you need any special licenses or certificates to do the type of work you are seeking? Yes No

If "Yes", did you have the license or certificate needed? Yes No

What kind of license or certificate is it?

When does it expire? _____

42. WORK SEARCH CONTACTS

Complete the following information for the job contacts you made during **THE WEEK**. If you had more than four job contacts, the interviewer will give you another worksheet. List all job contacts you made during **THE WEEK**, including those with unions, private employment agencies, and the State Employment Service.

“**THE WEEK**” is the week that began on _____ and ended on _____.

1. Employer Name	Contact Date:	Method of Contact: In Person Mail Telephone Fax Internet Other (Specify): _____
Address:	Employer Phone (include area code):	Application taken? Yes NO Resume submitted? Yes NO
City/State/Zip	Type of work applied for:	Was a job offered? Yes NO
2. Employer Name	Contact Date:	Method of Contact: In Person Mail Telephone Fax Internet Other (Specify): _____
Address:	Employer Phone (include area code):	Application taken? Yes NO Resume submitted? Yes NO
City/State/Zip	Type of work applied for:	Was a job offered? Yes NO
3. Employer Name	Contact Date:	Method of Contact: In Person Mail Telephone Fax Internet Other (Specify): _____
Address:	Employer Phone (include area code):	Application taken? Yes NO Resume submitted? Yes NO
City/State/Zip	Type of work applied for:	Was a job offered? Yes NO
4. Employer Name	Contact Date:	Method of Contact: In Person Mail Telephone Fax Internet Other (Specify): _____
Address:	Employer Phone (include area code):	Application taken? Yes NO Resume submitted? Yes NO
City/State/Zip	Type of work applied for:	Was a job offered? Yes NO

Please indicate any other job-development activities you engaged in during **THE WEEK** (such as networking, resume writing, visiting web sites or employment agencies, job clubs, etc.)

"THE WEEK" is the week that began on _____ and ended on _____.

43. During **THE WEEK**, did you get any job offers either from the contacts you listed in question 42 or from contacts you made in previous weeks? Yes No

If "Yes", did you accept any jobs offered to you? Yes No

If "No", why not? _

If "Yes", complete the following:

Date you accepted the offer: _____

Date you began or will begin work: _____

Name, address and phone number of employer:

45a. Check all of the following sources of income you had during **THE WEEK**, excluding unemployment compensation, and list the amount you received from each source for **THE WEEK**, even if you were paid at some other time.

None If "None", go to Question 45b

Wages \$ _____

Earnings from self-employment or contract labor \$ _____

Commission Payments \$ _____

Reserve or National Guard Pay \$ _____

Separation or Severance Pay \$ _____

Holiday Pay \$ _____

Wages in Lieu of Notice \$ _____

Vacation Pay \$ _____

Tips or Gratuities \$ _____

Workers Compensation \$ _____

Disability Payments \$ _____
(Do NOT include Social Security or Veteran's Benefits)

Other (specify): \$ _____

44. During **THE WEEK**, did you do work of any kind?

Yes No

If "Yes", what type of work did you do? Date of hire?

Days and times worked:

Wages earned: \$ _____ per _____

Name, address and phone number of employer:

Are you still working for this employer? Yes No

If "no" provide the reason you are no longer employed:

45b. During **THE WEEK**, were you entitled to any Social Security, pension, or retirement fund payments?

Yes No

If "No", go to Question 46

If "Yes", give the amount you received:

Social Security \$ _____

Veterans Benefits \$ _____

Railroad Retirement \$ _____

Federal Civil Service Retirement \$ _____

U.S. Military Retirement \$ _____

State/Local Government Retirement \$ _____

Private Employer or Union Pension \$ _____

Other \$ _____

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46. Did you receive information about your unemployment benefits, rights, and responsibilities when you first filed for benefits?

Yes No

If "Yes", how was this information given to you?
(Check ALL that apply)

- In-person (individual) interview
- Group interview
- Booklet or Pamphlet
- Internet/telephone/other multimedia
- Other (specify) _____

47. Have you had any problems with your unemployment insurance claim?
 Yes No

If "Yes", explain:

48. Do you have any questions to ask about your unemployment insurance claim or about your responsibilities and rights as an unemployment insurance claimant?

Yes No

If "Yes", explain:

Please complete your work history on the following page.

49. Between the day you filed for unemployment benefits and day that you completed this questionnaire, have you worked for any employers?
 Yes No

If yes, are you still working for this employer? Yes No If "No", Why are you no longer working for this employer?

I understand the questions on this questionnaire and I answered them truthfully to the best of my knowledge. I know my answers will be used to determine if my unemployment benefits were paid properly. I know the law provides penalties for false statements made to obtain benefits. I also know that my answers will be verified.

Claimant's Signature

Date Signed

Interviewer's Signature

Date Signed

AGENCY USE ONLY → Information obtained by: Mail Fax Phone In-person E-mail

Please complete your work history on the following page(s).

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EMPLOYMENT HISTORY PAGE 1**

Please provide the following information about employers for whom you worked. Begin with your most recent employer and work back to the date shown. Include **ALL** employment (i.e. full time, part time, out of state, federal employment or contract work).

FROM THE PRESENT BACK TO _____
MONTH / DAY / YEAR

CURRENT OR MOST RECENT	2ND MOST RECENT	3RD MOST RECENT	4TH MOST RECENT
Employer Name	Employer Name	Employer Name	Employer Name
Address	Address	Address	Address
Location of Job Site			
Telephone Number	Telephone Number	Telephone Number	Telephone Number
Type of work Check all that apply <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military	Type of work Check all that apply <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military	Type of work Check all that apply <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military	Type of work Check all that apply <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military
Length of Employment First day _____ Last day _____			
Your Job Title	Your Job Title	Your Job Title	Your Job Title
Your Wages on this Job \$ _____ Per _____	Your Wages on this Job \$ _____ Per _____	Your Wages on this Job \$ _____ Per _____	Your Wages on this Job \$ _____ Per _____
What were your main job duties?			
Reason for Separation <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons	Reason for Separation <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons	Reason for Separation <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons	Reason for Separation <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons

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EMPLOYMENT HISTORY PAGE 2**

Please continue to provide the following information about employers for whom you worked. Continue your work history from the prior page and work back to the date shown below. Include **ALL** employment (i.e. full time, part time, out of state, federal employment or contract work).

FROM THE PRESENT BACK TO _____
MONTH / DAY / YEAR

5 TH MOST RECENT	6 TH MOST RECENT	7 RD MOST RECENT	8 TH MOST RECENT
Employer Name	Employer Name	Employer Name	Employer Name
Address	Address	Address	Address
Location of Job Site			
Telephone Number	Telephone Number	Telephone Number	Telephone Number
Type of work Check all that apply <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military	Type of work Check all that apply <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military	Type of work Check all that apply <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military	Type of work Check all that apply <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Federal <input type="checkbox"/> Military
Length of Employment First day _____ Last day _____			
Your Job Title _____	Your Job Title _____	Your Job Title _____	Your Job Title _____
Your Wages on this Job \$_____ Per_____			
What were your main job duties?			
Reason for Separation <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons	Reason for Separation <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons	Reason for Separation <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons	Reason for Separation <input type="checkbox"/> Still employed <input type="checkbox"/> Lack of Work or Layoff <input type="checkbox"/> Discharge or Fired <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other Compelling Reasons

SEPARATION

Please provide detailed information regarding why your employment ended with last employee

Discharge _____ Voluntary_Quit _____ LaidOff _____

Thank you for completing this form. Please return it by mail or fax as indicated in your letter.