

**BENEFITS ACCURACY MEASUREMENT
CLAIMANT QUESTIONNAIRE - SEPARATION DENIAL CLAIM**

17. What type of work are you looking for?

Months/Years experience in this type of work: _____

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

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

19. 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) _____

20. Name, address and telephone number of last employer:

Work site: _____
Your job title: _____

21. Do you need any special licenses or certificates to do the type of work that 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? _____

22. In your usual job do you normally work part time? Yes No

Are you only seeking part time work? Yes No

23. Reason for Separation (Check block that indicates why you are no longer working for this employer.)

Still employed
Lack of Work or Layoff
Discharge or Fired
Quit or Retired Labor Dispute involving
Union action
Seasonal
Quit to move with spouse

24. Between the last day you worked for your last employer and the time you filed for unemployment benefits, did you work for any other employer
Yes No If "Yes", provide the name, address and phone number for this employer:

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 denied 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

SEPARATION

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