



RE-EMPLOYMENT SERVICES ELIGIBILITY ASSESSMENT

MassHire Career Center Membership ID #: _____ Email Address: _____

Name: _____ Phone#: _____

Instructions: Please complete and submit this signed check list, with all the required documentation via email to: **RESEA@masshirelowellcc.com**. Failure to provide this information may result in the loss of unemployment benefits.

These items need to be completed and submitted **before initial meeting:**

- 1.) **Resume:** Email a copy of your recent resume. If you do not have a resume, you can complete the Resume Information Worksheet located at <https://bit.ly/30QJdVN>
- 2.) **Career Action Plan** (See Attached Form)
- 3.) **RESEA UI Eligibility Assessment Questionnaire:** Complete the questionnaire and type your name and date for your signature. <https://bit.ly/3gyz0UA> (See Attached Form)
- 4.) **MassHire JobQuest Registration:** You must register on www.mass.gov/JobQuest

These items will be explained and scheduled **during you initial meeting:**

- **Labor Market Information Research Worksheet:** Using one or more resources found on the front of the Labor Market Research Worksheet, complete the answers on the reverse side of the worksheet for your most recent job. <https://bit.ly/32GjaTH>
- **Job Search Service:** You must attend a job search webinar by the MassHire Career Center, this will be set up by the career advisor during your phone meeting.

Event: _____ Date/Time: _____

Email: _____

Please note: Failure to not attend your phone appointment or complete all the requirements listed could result in your unemployment benefits being affected.

I have assisted in developing the Career Action Plan, and I agree with the goals and actions selected. I agree to the level of cooperation and participation needed for me to complete this plan. I am able, available and actively seeking employment.

I have been informed about the Training Opportunity Program (Section 30) <https://search.mass.gov/?q=section%2B30> and understand that I must apply for the Training Opportunity Program (Section 30) by the 20th payable week of my unemployment insurance payments to be eligible for Section 30 unemployment benefits. I was also informed about the Trade program <https://search.mass.gov/?q=taa> and provided a list of potential TAA companies. If applicable, I understand the deadline requirement for filing TAA eligibility (MA Form 1666).

Customer Signature: _____ Date: _____

Staff Signature: _____ Date: _____