



Name	Social Security or Identification number	Telephone number (    )
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Claimant's name and address:

Return this form by mail or fax to:

**Employment Security Department  
Unemployment Insurance Imaging  
P.O. Box 19019  
Olympia, WA 98507-0019  
Fax: 1-800-301-1796**

**Note:** You may be eligible to receive benefits while you train to set up your own business. To apply, **do not** use this application. Fill out the application for the Self-Employment Assistance Program (SEAP). For information or to download the application go online at [www.esd.wa.gov/training-programs](http://www.esd.wa.gov/training-programs) or contact your nearest WorkSource employment center.

**Student eligibility questionnaire**

You must be immediately able and available for work and actively seeking full-time work to qualify for benefits. Your enrollment or attendance in school raises a question about your eligibility for benefits. In some cases, we can approve you for Commissioner Approved Training (CAT), which waives the job-search requirements. See the optional CAT application at the end of this questionnaire.

If you are completing a separate *Training Benefits application*, you do not need to complete this questionnaire.

Please answer the following questions about your school attendance. Return this form and any other documents that may help us make a decision about your claim to the address listed.

- School name: \_\_\_\_\_  
School address: \_\_\_\_\_  
School counselor or contact name: \_\_\_\_\_  
Counselor or contact phone number: \_\_\_\_\_
- Please list the name of your training program or major as listed in your training provider's course catalogue. You can find this information at [www.careerbridge.wa.gov](http://www.careerbridge.wa.gov): \_\_\_\_\_
- I am a freshman \_\_\_\_\_ sophomore \_\_\_\_\_ junior \_\_\_\_\_ senior \_\_\_\_\_ other \_\_\_\_\_
- What certificate or degree are you pursuing? \_\_\_\_\_
- When did you originally begin or when will you begin this training program? \_\_\_\_\_
- When did you register for this quarter or term? \_\_\_\_\_
- Classes began this quarter or term on: \_\_\_\_\_  
Classes will end this quarter or term on: \_\_\_\_\_
- When will you complete or graduate from the training program? \_\_\_\_\_
- Does the school or training program consider this training full-time or part-time? F/T \_\_\_ P/T \_\_\_
- How do you attend (check all that apply)? online \_\_\_\_\_ in-person \_\_\_\_\_ correspondence \_\_\_\_\_  
other, please explain: \_\_\_\_\_
- Are you required to attend on specific days and at certain times? Yes \_\_\_ No \_\_\_

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12. What is your class schedule this quarter or term?

Class name	Course number	Credit hours	Class times	Class days

13. How many hours do you spend or will you spend in class, class preparation and study each day? \_\_\_\_\_

14. How do you or will you pay for your school or training program? Check all that apply and list amounts:

___ Grant: \$ _____	___ Gift: \$ _____
___ Scholarship: \$ _____	___ Personal loan: \$ _____
___ Student loan: \$ _____	___ Out of pocket: \$ _____
___ Other: _____	

15. Would you have to return any of the money if you were to drop any of your classes? \_\_\_ Yes \_\_\_ No

16. List the occupation you have the most experience in: \_\_\_\_\_

How many years? \_\_\_\_\_

List any other significant occupations and years of experience:

\_\_\_\_\_

\_\_\_\_\_

17. In the past, have you worked full-time while attending school? Yes \_\_\_ No \_\_\_. If yes, how were you able to manage it?

\_\_\_\_\_

\_\_\_\_\_

18. List your last three jobs beginning with the most recent:

Business name	Occupation	Start date	End date

19. Did you look for work or participate in any job-search activities through your WorkSource employment center during the last week you claimed? Yes \_\_\_ No \_\_\_

If yes, list contacts made:

Date	Employer name /Activity	Employer / WorkSource address	Position

If no, explain why: \_\_\_\_\_

20. What will you tell employers about your availability for work when you apply for or are offered a job? \_\_\_\_\_

\_\_\_\_\_

21. What days each week can you work (check all that apply)? \_\_\_ Su \_\_\_ M \_\_\_ Tu \_\_\_ W \_\_\_ Th \_\_\_ F \_\_\_ Sa

22. What shifts are you available to work (check all that apply)? days \_\_\_\_\_ swing \_\_\_\_\_ graveyard \_\_\_\_\_

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23. How many hours per day and days per week can you work? \_\_\_\_\_ hours per day; \_\_\_\_\_ days per week
24. If you were offered work that conflicts with your class schedule, would you drop the classes to accept the job? Yes \_\_\_ No \_\_\_\_.  
Please explain your answer: \_\_\_\_\_  
\_\_\_\_\_
25. Are your classes available other hours and will the school let you change at this stage of the school term? Yes \_\_\_ No \_\_\_\_.
26. Are you willing to forfeit your tuition if the school will not give you a refund? Yes \_\_\_ No \_\_\_\_.
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We need you to provide this information so we can make a decision on your unemployment claim. If we need additional information, we will contact you.

You have the right to an interview by telephone or in-person before we make a decision. If you want an interview, contact the claims center. You may have any person; including an attorney assist you at the interview. You may present evidence, documents or witnesses; cross-examine witnesses or parties present; and ask for copies of all records or documents on the issue.

I have read and understand my rights. I made this statement to get unemployment benefits. The information I provided is true to the best of my knowledge.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Your telephone number: (\_\_\_\_\_) \_\_\_\_\_ Email address (optional) \_\_\_\_\_

**IMPORTANT NOTE:**

This information will be used to determine if you are eligible for benefits.

Return this completed form to the address listed. If you do not, we may deny your benefits and you may have an overpayment.

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### Commissioner Approved Training (CAT) Application

**Only complete this section if you want to apply for CAT.**

CAT allows you to attend full-time training and receive unemployment benefits without looking for work. You must continue to seek work unless we tell you that we have approved you for CAT.

You may qualify for CAT if your training is full-time and:

- There are limited jobs in your main occupation and training gives you a better chance of finding work because the skills you gain will make you more employable in an occupation with openings;
- Training is required by your job; or
- You are physically unable to continue working in your current job.

CAT does not increase the benefit amount on your claim or extend the number of weeks you receive benefits. Depending on the length of your training, benefits may run out before you complete your training. You are responsible for your own financial planning that may include paying for training after your benefits run out.

1. Do you have any degrees or certificates? Yes \_\_\_ No \_\_\_. If yes, what are they and what year did you receive them?  
\_\_\_\_\_
2. List specific jobs you will be qualified to do after you complete training:  
\_\_\_\_\_  
\_\_\_\_\_
3. If these jobs are not available where you live, will you move to another area to accept work? Yes \_\_\_ No \_\_\_  
If yes, what areas? \_\_\_\_\_
4. How will you pay for school and school-related expenses if your unemployment benefits run out before training ends?  
\_\_\_\_\_
5. Is this training funded or sponsored under a special grant or program, such as Workforce Investment Act (WIA), Trade Act or Worker Retraining? Yes \_\_\_ No \_\_\_ If yes, please attach proof of approval and provide the following:  
Counselor's name: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Location: \_\_\_\_\_  
Name of special grant and program: \_\_\_\_\_
6. Does your union or employer require this training? Yes \_\_\_ No \_\_\_. If yes, provide union or employer name and phone number.  
\_\_\_\_\_
7. Did you receive a Worker Adjustment and Retraining Notice (WARN)? Yes \_\_\_ No \_\_\_. If yes, when and from which employer?  
\_\_\_\_\_
8. Have employers said you need updated skills or certification to continue working in your main occupation? Yes \_\_\_ No \_\_\_.  
If yes, please explain: \_\_\_\_\_
9. Do you have any injuries, illnesses, or other conditions that prevent you from returning to your main occupation? If you have medical documentation to support this, please attach a copy (not required). Yes \_\_\_ No \_\_\_. If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

**I am applying for CAT. I understand this information may be verified and will be used to decide if I am eligible. I understand that I must immediately report any changes to my schooling to the unemployment claims center. I authorize the school, training facility and my counselor to release information to the Employment Security Department about my enrollment, participation in training, attendance and progress in the training. I understand that I must continue to seek and record my work search unless I am notified that CAT has been approved.**

Signature \_\_\_\_\_ Date \_\_\_\_\_