

**RE-EMPLOYMENT OPPORTUNITIES (RE-OP) POOL
Employee Participation Response Form**

The Re-Op Pool is a mechanism for state agencies to access computerized displays of state employees who have been laid off and desire to return to state employment. Participation in the Re-Op Pool is strictly voluntary. Accordingly, please provide the information requested below to indicate your desire to be included or not to be included in the Re-Op Pool. The information you provide will be incorporated into a file within the Re-Op database. All state agencies will have access to your file when searching for qualified applicants.

Please return the Response Form to your Agency Human Resource Office with ten (10) days of receipt or as soon as possible thereafter.

Please check the desired selection.

I would like to be included in the Re-Op Pool. Do not include me in the Re-Op Pool.

(The following information is needed regardless of your decision to participate or not to participate.)

Social Security #: _____

Name: _____
(Print)

Signature: _____

(The following information is needed only if you decide to participate in the Re-Op Pool.)

Home Address: _____ City/State/Zip: _____

Daytime Phone #: _____ E-Mail Address: _____

Role Title Held Prior to Layoff: _____ Working Title: _____

Duties and Responsibilities: _____

Highest Education Level Completed:

Less than High School High School or Equivalent No Earned Degree Associate

Bachelors Masters Special Professional Doctorate

Current Certifications/Licenses:

Expire Date:

Special Skills (i.e. bilingual, sign language, etc):

Other Areas of Expertise: _____

