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APPLICATION FOR UNEMPLOYMENT INSURANCE BENEFITS

STATE OF ARKANSAS EMPLOYMENT SECURITY DEPARTMENT

11100	TIANUL BE	VEI II O	,									
	CLAIMAN	INFORM	IATION		(*Information F	ields Mu	ust Be Completed)					
TODAY'S DATE:		*SOCIAL SE	CURITY N	IUMB	MBER: EFFECTIVE DATE: (Local Office Only)							
*Have you filed an unemployment claim in another state in the last 12 m						_	Yes No *If yes which State?:					
*FIRST NAME: MIDDLE IN					AL:	*LAST N	IAME:					
Mailing Address: *AD			ΑI	ADDRESS - Line 2:								
*CITY:			*8	*State: *Zip:								
Physical Address (if o	lifferent than above):	ADDRESS -	Line 1:	ΑI	DDRESS - Line 2	2:	•					
CITY:				Zi	Zip:							
*State of Residence:	*State of Residence: *County of Residence:				E-Mail Addr:							
HOME PHONE: (HOME PHONE: () MOBILE: (-		MESSAGE ONLY: ()					
*DATE OF BIRTH:			ER: □	Ма	ile	male	*YEARS OF EDUCATION:					
*ETHNICITY:	1-White-Non H	ispanic		Г	2-Black-Non	Hispanic	ic 3-Hispanic					
(RACE)	4-American Inc	dian or Americ	can Native		-] 5-Asian Pac	ific Island	er 6-Other					
*Are you a citizen of the United States?				No No No	past 18 months?							
If yes, Permit Number:												
	ST EMPLOYER IN	IFORMATI	ON (Curre				not working, last employer)					
*EMPLOYER NAME:				Α	ACCOUNT NUMI	BER: (Loca	al Office Only) UNIT NUMBER: (Local Office Only)					
*STREET NAME:												
*CITY:	*STA	*STATE:			UNTY:		*ZIP CODE:					
EMPLOYER PHONE:	EMPLOYER PHONE: () ORIGINAL HIRE D			ATE:			DATE LAST WORK ENDED:					
Are you scheduled to re			n 10 weeks	?	Yes	☐ No						
	are scheduled to retur											
*Was your last work?	∐ 1-Full	time (40 hrs)		2-Pai	rt time (less than	1 40 hrs)	3-Temporary (120 days or less)					
*Type of separation: Laid Off: Weather Lack Of Work Finished Job Business Closed	Quit: Personal Emerger Health General	Personal Emergency Sleeping Health Fighting			School Emp Spring B Summer Holiday	reak	Other: Suspension Medical Leave Shared Work Strike Vacation Holidays Lockout Still Working Part time Family Medical Leave Reduced from full time (40 hrs)					
Have you worked for ar	Educational Institution	within the la	st 18 montl	hs?			☐ Yes ☐ No					
If Yes, Were you laid	off with reasonable as	surance of re	call the nex	kt ser	mester?		☐ Yes ☐ No					
If No, Are you on a	a holiday recess or spri	ng break with	reasonabl	e ass	surance of recall	following	the holiday or spring break? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$					
How did you get your la	sst job?	oloyment Sec on	urity		2-In Person 6-Other		3-Correspondence 4-Phone 7-Temporary Agency					
What kind of work did y	ou do on your last job?) <u>.</u>				-						
What was your rate of p	ay on your last job?	\$		Per	Hour	Day	☐ Week ☐ Semi-Monthly ☐ Monthly					
What hours did you wo	k? From:	☐ AN	и <u></u> ।	PM	To:		☐ AM ☐ PM					

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ADDITIONAL EMPLOYER (*Information Fields Must Be Completed)												
*EMPLOYER NAME:	A			А	CCOUNT NUMBER: (Loca	UNIT NUMBER	JNIT NUMBER: (Local Office Only)					
*STREET NAME:												
*CITY:	*CITY:					*COUNTY:		*ZIP CODE:				
EMPLOYER PHONE:	()	ORIGINAL HIRE DATE:			ATE:	•	WORK ENDED:					
1	Are you scheduled to return to work or start a new job with 10 weeks?					☐ Yes ☐ No						
*Was your last work?	u are scheduled to return to		.)) Dar	rt time (less than 40 hrs) 3-Temporary (120 days or less)						
*Type of separation:		t time (less than 40 ms)	□ 3-1	emporary (120 t	iays C	n iess,	1					
Laid Off: Quit:			arged:			School Employee: Other:						
☐ Weather	Personal Emergency	Sleeping		☐ Spring Break ☐ Susper		nsion						
Lack Of Work	Health	Fighting		☐ Summer Break ☐ Shared V		_	trike					
Finished Job	General	☐ Absent/Tardy		Holiday				Holidays				
Business Closed		Insubordination		Lockout		t 🗍 S	till Wo	orking	Part	time		
	☐ Drinking/Drug Test		Test		Medical Leave	al Leave						
		General					d from full time	om full time (40 hrs)				
ELIGIBILITY INFORMATION (*Information Fields Must Be Completed)												
*Do you want to have Federal Income Taxes withheld						*Do you have children/ot	hers that requ	uire care?		Yes		No
from your weekly ben	efit payment?		Yes		No	*If Yes, have arrange	ement for the	ir care				
*Have you had work of	any kind since your					been made if you fi	nd work?			Yes		No
LAST EMPLOYER?			Yes		No	Have you refused any jo	b since you b	pecame				
*Are you entitled to or a	are you receiving any of the	followin	g:			unemployed?				Yes		No
*Vacation Pay?		П	Yes	П	No	Are you attending school?			$\overline{\Box}$	Yes	$\overline{\Box}$	No
*Holiday Pay?		\Box	Yes	$\overline{\Box}$	No	If No, Are you planning on attending school?			$\overline{\Box}$	Yes	$\overline{\Box}$	No
*Bonus Pay?		\Box	Yes	\Box	No	If Yes, Do you have a date for entering				Yes	$\overline{\Box}$	No
*Sick Pay?		┌	Yes	\exists	No					Unde	cide	
*Severance Pay?		┌	Yes	$\overline{\Box}$	No	*Have you worked in Federal Employment in the pas						
*Profit Sharing?			Yes	〒	No					Yes	П	No
*Paid off Time			Yes	一	No	*If Yes *1)Do you have a copy of your SF-8					_	
*Are you receiving or h	ם n. annu		etiren		· · ·	(ES 931 For	-	П	Yes	П	No	
from former employer	П	Yes		No	*2)Do you ha	`	•	_		_		
*Can you begin work immediately?			Yes	H	No	l ' '' _ '.				Yes	П	No
*Can you work Full Time?			Yes	H	No	l			ш	100	ш	140
*Do you have transportation to a job or has			100	ш	140	past 18 months?	italy colvido	iii dio	П	Yes	П	No
transportation to a job been arranged?			Yes	П	No	*If Yes, do you have	a conv of vo	ur DD-2142	H	Yes	H	No
*Do you have any disabilities that limit your ability to		о О	103	Ц	140	*If Yes, Form 970			Ц	103	ч	140
perform your normal job duties?			Yes	П	No		•					
*Are you self-employed, working on a commission or farming which				:h		*Do you obtain work thro	•		П	Yes	П	No
					No	1i — — — — — — — — — — — — — — —						
provente you from seeking work or accepting a job			100	Ч		Local Number:						
										Yes	П	Nο
*Are Dues Paid? Yes No I hereby register for work and file notice of unemployment, and request a determination of my benefit rights under Arkansas Employment Security Law.												
I certify the information given on this form is correct and understand that penalties are provided for making false statements or failing to disclose material facts in order to obtain benefits.												
Signature: Date:												
LOCAL OFFICE USE ONLY												
REQUALIFYING WAGES: Yes No RETURN DATE: CONTROL DATE: INTERVIEWERS INITIALS:												