



## APPLICATION FORM

<b>LAST NAME:</b>		<b>FIRST NAME:</b>	
<b>SOCIAL SECURITY #:</b>		<b>Today's Date:</b>	
Address:	Street:		Zip:
	City/State:		
Mailing Address:	Street:		Zip:
	City/State:		
Day Phone: (    )		Alternate Phone: (    )	
E-Mail Address:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Are you registered for Selective Service?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>RACE:</b>		<b>ETHNICITY:</b>	
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> White	
<input type="checkbox"/> Black/African American		<input type="checkbox"/> Asian	
<input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> Other	
		<input type="checkbox"/> Hispanic or Latino	
		<input type="checkbox"/> Not Hispanic or Latino	
		<input type="checkbox"/> Decline to Answer	
<b>EDUCATION STATUS:</b> Highest grade completed:			
		<input type="checkbox"/> Still in School	<input type="checkbox"/> GED
		<input type="checkbox"/> Did not complete H/S	<input type="checkbox"/> H/S Diploma
		<input type="checkbox"/> Some College	
		<input type="checkbox"/> Completed College	
Degrees, licenses or credentials you hold:			
<b>EMPLOYMENT STATUS:</b> Are you currently working?: _____			
If no, what kind of work are you looking for? Or main occupation?			
<b>CITIZENSHIP:</b>			
Are you US Citizen/Naturalized?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you in satisfactory immigration status?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Enter your Alien Registration Number?		Expiration Date	
<b>ADDITIONAL INFORMATION:</b>			
Current or former Foster Youth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Migrant/seasonal farm worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refugee / Asylee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Person with a disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ex-offender	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving Public Assistance <i>(GA, TANF, Food Stamps, RCA, SSI)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Applied or receiving pension	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>VETERAN STATUS:</b> <i>(check applicable)</i>			
Veteran status: <input type="checkbox"/> U.S. Veteran <input type="checkbox"/> Other eligible (Spouse of 100% disable veteran)			
Branch of Service: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy    Service dates: _____			
Branch of Service: <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard    Service Dates: _____			
Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Honorable w/Condition <input type="checkbox"/> Other Than Honorable			
<input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Medical Service Condition			

## WORK RECORD

Complete all items below for each job you have had during the past 24 months. Include all self-employment, part-time work, military service and employment with a government Agency. Include all employers, regardless of state, type of work performed or length of job. Starting with your most recent employer

1. Company:		Type of Work Performed:					
Address:		Reason for Separation:					
Telephone # (Include Area Code)		<input type="checkbox"/>	Laid off /Lack of Work	<input type="checkbox"/>	Retired	<input type="checkbox"/>	Leave of absence
Dates Worked:		<input type="checkbox"/>	Reduced Hours	<input type="checkbox"/>	Resign/Quit	<input type="checkbox"/>	On Call
From: _____ To: _____		<input type="checkbox"/>	Fired / Discharged	<input type="checkbox"/>	Suspended	<input type="checkbox"/>	Labor Dispute
		<input type="checkbox"/>	Contract ended	<input type="checkbox"/>	Terminated	<input type="checkbox"/>	Military Separation
Hourly Wage: \$ _____		<input type="checkbox"/>	FT	<input type="checkbox"/>	PT	Separation Pay: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Company:		Type of Work Performed:					
Address:		Reason for Separation:					
Telephone # (Include Area Code)		<input type="checkbox"/>	Laid off /Lack of Work	<input type="checkbox"/>	Retired	<input type="checkbox"/>	Leave of absence
Dates Worked:		<input type="checkbox"/>	Reduced Hours	<input type="checkbox"/>	Resign/Quit	<input type="checkbox"/>	On Call
From: _____ To: _____		<input type="checkbox"/>	Fired / Discharged	<input type="checkbox"/>	Suspended	<input type="checkbox"/>	Labor Dispute
		<input type="checkbox"/>	Contract/ Job ended	<input type="checkbox"/>	Terminated	<input type="checkbox"/>	Military Separation
Hourly Wage: \$ _____		<input type="checkbox"/>	FT	<input type="checkbox"/>	PT	Separation Pay: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Company:		Type of Work Performed:					
Address:		Reason for Separation:					
Telephone # (Include Area Code)		<input type="checkbox"/>	Laid off /Lack of Work	<input type="checkbox"/>	Retired	<input type="checkbox"/>	Leave of absence
Dates Worked:		<input type="checkbox"/>	Reduced Hours	<input type="checkbox"/>	Resign/Quit	<input type="checkbox"/>	On Call
From: _____ To: _____		<input type="checkbox"/>	Fired / Discharged	<input type="checkbox"/>	Suspended	<input type="checkbox"/>	Labor Dispute
		<input type="checkbox"/>	Contract/Job ended	<input type="checkbox"/>	Terminated	<input type="checkbox"/>	Military Separation
Hourly Wage: \$ _____		<input type="checkbox"/>	FT	<input type="checkbox"/>	PT	Separation Pay: <input type="checkbox"/> Yes <input type="checkbox"/> No	

By signing below, I acknowledge that I have received copies of: 1) Customer Bill of Rights 2) Grievance Procedure; and 3) Code of Conduct. I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and that I may have to provide documents to support this application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR UNEMPLOYMENT INSURANCE APPLICANTS ONLY

Do you expect to be recalled by the employer who just laid you off?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is the approximate recall date? _____		
Have you worked in any other state within the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", enter, Date: _____ Paying State: _____		
Did you received unemployment within past 18 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you attending school / training or are you a corporate officer, partner, self employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you receiving or have you applied for workers' compensation or disability benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever worked in any Military and/or Federal service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received or will you receive any vacation, severance, bonus or holiday pay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you owe or are you required to make child support payments under court order or agreement with a Child Support?		
Enforcement Unit? If yes name Agency: _____ State: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you elect to have Federal Income Tax withheld from your benefit payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any reason that you cannot work right now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you worked since Sunday of this week, if so amount earned? \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby register for work and claim unemployment benefits. I know that the law prescribes penalties for false statements made in connection with this claim. I CERTIFY under penalty or perjury that the statements made in connection with this claim are true to the best of my knowledge and belief. In accordance with the applicable provisions of the privacy act of 1974 (PL 93-579). I AUTHORIZE my former employer(s) to release all information requested in connection with your claim for unemployment compensation. I am furnishing my Social Security number as required by the Deficit Reduction Act (DEFRA) (PL 98-369) as a condition of eligibility for benefits. I understand that information regarding my claim may be furnished to requesting agencies defined in DEFRA for the purpose of income and eligibility verification.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_