

CLAIMANT INFORMATION (*Information Fields Must Be Completed)

TODAY'S DATE: *SOCIAL SECURITY NUMBER: EFFECTIVE DATE: (Local Office Only)

*Have you filed an unemployment claim in another state in the last 12 months? (Other than Arkansas) ☐ Yes ☐ No *If yes which State?:

*FIRST NAME: MIDDLE INITIAL *LAST NAME:

Mailing Address: *ADDRESS - Line 1: ADDRESS - Line 2:

*CITY: *STATE: *ZIP CODE:

Physical Address: (if different than above): ADDRESS - Line 1: ADDRESS - Line 2:

CITY: ZIP CODE:

*State of Residence: *County of Residence: E-Mail Address:

HOME PHONE: MOBILE: MESSAGE ONLY:

*DATE OF BIRTH: *GENDER: ☐ Male ☐ Female *YEARS OF EDUCATION:

ETHNICITY: ☐ Non Hispanic ☐ Hispanic

RACE ☐ White ☐ Black ☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Other (Biracial or Multiracial)

Are you handicapped (disabled)? ☐ Yes ☐ No *Have you worked in another state(s) within the past 18 months? ☐ Yes ☐ No

*Are you a citizen of the United States? ☐ Yes ☐ No

If not a citizen, were you legally authorized to work in the United States during the past 18 months? ☐ Yes ☐ No

If yes, Permit Number:

Have you worked for an Educational Institution within the last 18 month? ☐ Yes ☐ No

If Yes, Were you laid off with reasonable assurance of recall the next semester? ☐ Yes ☐ No

If No, Are you on holiday recess or spring break with reasonable assurance of recall following the holiday or spring break? ☐ Yes ☐ No

LAST EMPLOYER INFORMATION (Current Employer if working - or - if not working, last employer)

*EMPLOYER NAME: ACCOUNT NUMBER: (Local Office Only) UNIT NUMBER: (Local Office Only)

*STREET NAME:

*CITY: *STATE: *COUNTY: *ZIP CODE:

EMPLOYER PHONE: FIRST DATE WORKED AT YOUR LAST JOB: DATE LAST WORK ENDED:

Are you scheduled to return to work or start a new job within 10 weeks? ☐ Yes ☐ No

If yes date you are scheduled to return to work:

*Was your last work? ☐ 1 - Full time (40 hrs) ☐ 2-Part time (less than 40 hrs) ☐ 3-Temporary (120 days or less)

*Type of separation:

Laid Off:	Quit:	Discharged:	School Employee:	Other:
☐ Weather	☐ Personal Emergency	☐ Sleeping	☐ Spring Break	☐ Suspension
☐ Lack of Work	☐ Health	☐ Fighting	☐ Summer Break	☐ Shared Work
☐ Finished Job	☐ General	☐ Absent/Tardy	☐ Holiday	☐ Vacation
☐ Business Closed		☐ Insubordination		☐ Lockout
		☐ Drinking/Drug Test		☐ Family Medical Leave
		☐ General		☐ Reduced from full time (40 hrs)
		☐ Military		☐ Medical Leave
				☐ Strike
				☐ Holidays
				☐ Still Working Part time

*Have you had work of any kind since your LAST EMPLOYER? ☐ Yes ☐ No

*Was your Employer a Temporary Help firm? ☐ Yes ☐ No

*Specific Occupation Performed at Your Last Job:

*What kind of work did you do on your last job?:

ADDITIONAL EMPLOYER (*Information Fields Must Be Completed)

*EMPLOYER NAME:

ACCOUNT NUMBER: (Local Office Only)

UNIT NUMBER: (Local Office Only)

*STREET NAME:

*CITY:

*STATE:

*COUNTY:

*ZIP CODE:

EMPLOYER PHONE:

FIRST DATE WORKED AT YOUR LAST JOB:

DATE LAST WORK ENDED:

Are you scheduled to return to work or start a new job within 10 weeks?

☐ Yes ☐ No

If yes date you are scheduled to return to work:

*Was your last work?

☐ 1 - Full time (40 hrs) ☐ 2-Part time (less than 40 hrs) ☐ 3-Temporary (120 days or less)

*Type of separation:

Laid Off:

- ☐ Weather
☐ Lack of Work
☐ Finished Job
☐ Business Closed

Quit:

- ☐ Personal Emergency
☐ Health
☐ General

Discharged:

- ☐ Sleeping
☐ Fighting
☐ Absent/Tardy
☐ Insubordination
☐ Drinking/Drug Test
☐ General

School Employee:

- ☐ Spring Break
☐ Summer Break
☐ Holiday

Other:

- ☐ Suspension
☐ Shared Work
☐ Vacation
☐ Lockout
☐ Family Medical Leave
☐ Reduced from full time (40 hrs)
☐ Medical Leave
☐ Strike
☐ Holidays
☐ Still Working Part time

ELIGIBILITY INFORMATION (*Information Fields Must Be Completed)

*Do you want to have Federal Taxes withheld from your weekly benefit payment?

☐ Yes ☐ No

*Are you entitled to or are you receiving any of the following:

*Vacation Pay?

☐ Yes ☐ No

*Sick Pay?

☐ Yes ☐ No

*Severance Pay?

☐ Yes ☐ No

*Profit Sharing?

☐ Yes ☐ No

*Paid off Time?

☐ Yes ☐ No

*Are you receiving or have you applied for a pension, annuity, or retirement from former employers? (not including social security)

☐ Yes ☐ No

*Can you begin work immediately?

☐ Yes ☐ No

*Can you work Full Time?

☐ Yes ☐ No

*Do you have transportation to a job or has transportation to a job been arranged?

☐ Yes ☐ No

*Do you have any disabilities that limit your ability to perform your normal job duties?

☐ Yes ☐ No

*Are you self-employed, working on a commission or farming which prevents you from seeking work or accepting a job?

☐ Yes ☐ No

*Do you have children/others that require care? ..

☐ Yes ☐ No

*If Yes, have arrangement for their care been made if you find work?

☐ Yes ☐ No

Have you refused any job since you became unemployed?

☐ Yes ☐ No

Are you attending school?

☐ Yes ☐ No

If No, Are you planning on attending school?

☐ Yes ☐ No

If Yes, Do you have a date for entering school in future?

☐ Yes ☐ No

☐ Undecided

*Have you worked in Federal Employment in the past 18 months? (Not to include Military Service)

☐ Yes ☐ No

*If Yes, *1) Do you have a copy of your SF-8 or SF-50? (ES 931 Form)

☐ Yes ☐ No

*2) Do you have proof of your last earnings? (ES 935 Form)

☐ Yes ☐ No

*Have you had active Military Service in the past 18 months?

☐ Yes ☐ No

*If Yes, do you have a copy of your DD-214?

☐ Yes ☐ No

*If Yes, Form 970 required

*If No, MA - 843 required

*Do you obtain work through a Union?

☐ Yes ☐ No

*If Yes, Name:

Local Number:

*Are Dues Paid?

☐ Yes ☐ No

I hereby register for work and file notice of unemployment, and request a determination of my benefit rights under Division of Workforce Services 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 INITIAL: