

**DIVISION OF EMPLOYMENT SECURITY
UNEMPLOYMENT INSURANCE
NEW INITIAL INTRASTATE CLAIM FOR BENEFITS**

Claim Type: _____ Filing Method: _____ Effective Date: _____ Date: _____

Name: _____ Social Security No: XXX - XX - _____

Mailing Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () - ext. _____ U.S. Citizen? _____ Permit No: _____

“X” The Following Questions Appropriately:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. During the past 2 years, have you worked as a civilian for the Federal government? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. During the past 2 years, have you worked in another state? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you applied for or are you receiving any disability payment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you refused any work since becoming unemployed? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you filed for or are you receiving benefits under any other unemployment insurance law? If “YES”, where? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Will you receive, are you receiving, have you received, or are you eligible to receive any separation pay? Amount: \$ _____ From: ____/____/____ To: ____/____/____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you applied for or are you receiving any type of retirement pension? |

If “Yes”, list the beginning date: ____/____/____

Last Employer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Separation Reason: _____

Worked From: _____ To: _____

CERTIFICATION: 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 penalties of perjury that my answers given above are correct, that I am unemployed and that I will accept suitable work. In accordance with applicable provisions of state and federal law, I authorize my former employer(s) to release all information requested in connection with my claim for unemployment benefits. I also authorize the Division of Employment Security to release information regarding my claim for unemployment benefits to requesting agencies for purposes of income and eligibility verification in accordance with applicable provisions of state and federal law. I further certify that I have been provided a claim booklet and a benefit rights interview which included services under the Trade Act of 1974 and that I understand my rights and responsibilities under the law.

Claimant's Signature

I certify that this claimant has met the registration for work requirements and that I have explained the eligibility requirements, the fraud penalties of the Employment Security Law and the Trade Act of 1974.

Interviewer's Signature