

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: |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Personal Emergency | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Spring Break | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Lack of Work | <input type="checkbox"/> Health | <input type="checkbox"/> Fighting | <input type="checkbox"/> Summer Break | <input type="checkbox"/> Shared Work |
| <input type="checkbox"/> Finished Job | <input type="checkbox"/> General | <input type="checkbox"/> Absent/Tardy | <input type="checkbox"/> Holiday | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Business Closed | | <input type="checkbox"/> Insubordination | | <input type="checkbox"/> Lockout |
| | | <input type="checkbox"/> Drinking/Drug Test | | <input type="checkbox"/> Family Medical Leave |
| | | <input type="checkbox"/> General | | <input type="checkbox"/> Reduced from full time (40 hrs) |
| | | <input type="checkbox"/> Military | | <input type="checkbox"/> Medical Leave |
| | | | | <input type="checkbox"/> Strike |
| | | | | <input type="checkbox"/> Holidays |
| | | | | <input type="checkbox"/> 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: | Quit: | Discharged: | School Employee: | Other: |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Personal Emergency | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Spring Break | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Lack of Work | <input type="checkbox"/> Health | <input type="checkbox"/> Fighting | <input type="checkbox"/> Summer Break | <input type="checkbox"/> Shared Work |
| <input type="checkbox"/> Finished Job | <input type="checkbox"/> General | <input type="checkbox"/> Absent/Tardy | <input type="checkbox"/> Holiday | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Business Closed | | <input type="checkbox"/> Insubordination | | <input type="checkbox"/> Lockout |
| | | <input type="checkbox"/> Drinking/Drug Test | | <input type="checkbox"/> Family Medical Leave |
| | | <input type="checkbox"/> General | | <input type="checkbox"/> Reduced from full time (40 hrs) |
| | | | | <input type="checkbox"/> Medical Leave |
| | | | | <input type="checkbox"/> Strike |
| | | | | <input type="checkbox"/> Holidays |
| | | | | <input type="checkbox"/> 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

*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

*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

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

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

*Can you begin work immediately? Yes No

*Can you work Full Time? 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 have any disabilities that limit your ability to perform your normal job duties? Yes No

*Do you obtain work through a Union? Yes No

*If Yes, Name:

Local Number:

*Are you self-employed, working on a commission or farming which prevents you from seeking work or accepting a job? Yes No

*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: