

APPLICATION FOR UNEMPLOYMENT INSURANCE

Unemployment Insurance (UI) provides temporary financial assistance to workers unemployed through no fault of their own while seeking a new job. UI helps bridge the gap between jobs by replacing part of the worker's lost income. The following information is needed to determine your eligibility for UI benefits.

PERSONAL INFORMATION

1. Social Security Number: _____ - _____ - _____
2. First Name: _____ Middle Initial: _____ Last Name: _____ Suffix _____
3. Have you worked under a different last name during the past two years? (If yes, enter up to three other last names. If not, leave blank.) _____
4. Have you ever worked under a different Social Security Number? If yes, enter up to three other Social Security Numbers. (If not, leave blank.) _____
5. Gender: Male Female Choose Not to Answer
6. Date of Birth: Month: _____ Day: _____ Year: _____
7. Driver's License or Identification Card Number: _____ Issuing State: _____
Expiration Date: ____/____/____
8. Mother's Maiden Name: _____ Passphrase (security word): _____
9. U. S. Citizen? Yes No
10. Alien Card Number: _____ *(Required if not a U. S. Citizen)*
You must present original Employment Authorization Document(s) to the Career Center.
Expiration Date: Month: _____ Day: _____ Year: _____
11. Are you of Hispanic or Latino Origin? Yes No Choose Not to Answer
12. Select appropriate race: White Black Pacific Islander Asian Am Indian or Alaskan Native
 Choose Not to Answer
13. Enter Highest Grade Completed in School: _____
14. Do you need an Interpreter? Yes No *(Note: This service is provided at no cost to you.)*
If yes, what Language? _____
15. Have you worked for any employer in the last 18 months? Yes No
16. Country of Residence USA Canada

17. Residence Street Address, Apt./Suite#: _____

Residence City: _____ State: _____ Zip Code: _____

Residence County: _____

If Canada, Province: _____ If Canada, Postal Code: _____

18. Is your mailing address the same as your residence address? Yes No If No, please provide mailing address.

Mailing Street Address, Apt./Suite #: _____

(PO Box is acceptable.)

Mailing City: _____ State: _____ Zip Code: _____

If Canada, Province: _____ If Canada, Postal Code: _____

19. Enter a telephone number where you can be contacted. _____ - _____ - _____

(Note: Failure to furnish a contact phone number may delay your claim.)

20. Email Address (optional): _____

This email should be your personal email address. If provided, private and confidential information about your claim will be sent to this email address.

21. You have two options to receive payments: Direct Deposit Debit Card

22. Do you want Federal income tax withheld? Yes No (Federal tax is withheld at 10%)

For Georgia residents only: Do you want State income tax withheld: Yes No (State tax is withheld at 6%)

INFORMATION ON YOUR AVAILABILITY TO WORK

23. What is the lowest salary you will accept? \$ _____ per (Select a unit of pay.)

Hourly Daily Weekly Monthly Yearly Other _____

24. What was your rate of pay on your last job? \$ _____ per (Select a unit of pay.)

Hourly Daily Weekly Monthly Yearly Other _____

25. Are you willing to accept the rate of pay earned on your last job? Yes No

If no, please explain. _____

26. Do you have a medical condition/disability (permanent or temporary, including pregnancy) that will limit your ability to perform work? Yes No

If yes, please explain. _____

27. Have you filed a claim in the past year for Workers' Compensation due to a work related injury? Yes No
- If yes, select the status: Application pending.
 Receiving temporary total benefits. *(Temporarily unable to work.)*
 Receiving temporary partial benefits. *(Temporarily able to work part-time or light duty only.)*
 Application denied.
 Other
- If other, please explain. _____

28. How many miles did you travel one-way to your last job? _____ *(Please round to whole number.)*
29. How many miles are you willing to travel one-way to get to a job? _____ *(Please round to whole number.)*
30. Are you likely to be recalled to your last job? Yes No
- a. If yes, did your employer give you a specific date to return to work? Yes No
- b. If yes, what is your date of return?
1. What is the name of the person who told you this?
2. What is his/her telephone number? _____ - _____ - _____
31. Select all day(s) you are willing to work. Mon Tue Wed Thu Fri Sat Sun
32. Does your occupation normally require shifts? Yes No
- a. If yes, are there any shifts you are not available to work? Yes No
1. If yes, select shift(s) you are not available to work: 1st shift 2nd shift 3rd shift Rotate
2. What shift did you work on your last job? 1st shift 2nd shift 3rd shift Rotate
33. a. How many week(s) did you work in the last 18 months? _____ *(Note: There are 78 weeks in an 18 month period)*
- b. Did you work the majority of those week in a part-time status (at least 20 hours per week)? Yes No
34. Are you willing to work full-time? Yes No
35. Are you willing to work part-time (at least 20 hours per week)? Yes No
36. Are you seeking part-time work only (less than 20 hours per week)? Yes No
37. Are you seeking short-term work only? Yes No
38. Are you attending school, or have you been accepted by a school? Yes No
39. Are you actively pursuing work in: Real Estate Sales Insurance Sales Not Applicable *(Select One or More)*
40. Do you own or operate a farm? Yes No

41. Are you already self-employed, or do you have definite plans to become self-employed? Yes No
- a. If yes, explain your self-employment. _____
- b. Date you began or will begin your self-employment. Month: _____ Day: _____ Year: _____
- c. Are you willing to seek other work? Yes No
42. Is there any reason (other than medical) that you cannot begin work immediately? Yes No
- If yes, please explain your reason: _____
- _____
43. How do you plan to get to work? Automobile Public Transportation Bicycle Ride with friend
 Walk Other No Transportation
- If you selected "other" or "no transportation", please explain. _____
- _____
44. Do you have children or other dependents who require care (*Babysitter, relative, daycare, etc.*) while you work?
 Yes No
- If yes, can you arrange for their care? Yes No
45. Do you get your jobs through a union business agent or hiring hall? Yes No
- a. If yes, enter your union local number. _____
- b. Enter your union name. _____
- c. Enter month and year through which your dues are paid. _____
46. Have you filed an unemployment insurance (UI) claim against any state in the past 18 months? Yes No
- If yes, in which state(s)? _____
47. Have you filed a Trade Readjustment Act (TRA) claim? Yes No
- If yes, in which state(s)? _____
48. Have you filed a claim in the past year for Disaster Unemployment Assistance (DUA)? Yes No
- If yes, in which state(s)? _____
49. Are you receiving assistance, benefits, training, or employment under a **federally funded** program, such as railroad unemployment insurance, or other program? Yes No
- If yes, which program? Railroad Unemployment Insurance Other _____
50. Are you seeking work mainly in Georgia? Yes No
51. Has most of your work in the past 2 years been in Georgia? Yes No
52. Did you perform services as an elected official in the past 2 years? Yes No
- If yes, provide the name of the organization. _____

53. a. Are you currently receiving, or will you receive, severance pay, wages in lieu of notice or separation pay from any employer that you left within the past 18 months? Yes No
1. If yes, Amount: \$ _____ How was it paid? Weekly Monthly Lump Sum
 2. Provide begin and end dates for payment(s) _____ Through _____ Period not specified
 3. Name of Employer: _____
 4. Average Weekly Wage (before taxes) \$ _____ Have you started receiving payments? Yes No
 5. If yes, when did you receive your first payment? Month: _____ Day: _____ Year: _____
- b. Are you currently receiving, or will you receive, severance pay, wages in lieu of notice or separation pay from any other employer that you left within the past 18 months? Yes No
1. If yes, Amount: \$ _____ How was it paid? Weekly Monthly Lump Sum
 2. Provide begin and end dates for payment(s) _____ Through _____ Period not specified
 3. Name of Employer: _____
 4. Average Weekly Wage (before taxes) \$ _____ Have you started receiving payments? Yes No
 5. If yes, when did you receive your first payment? Month: _____ Day: _____ Year: _____
54. a. Are you currently receiving, or will you receive retirement pay (except social security) from any employer that you left within the past 18 months? Yes No
1. If yes, monthly amount: \$ _____ Effective date: _____
 2. Employer Name: _____
 3. Was retirement deducted from your paycheck? Yes No
 4. Have you started receiving payments? Yes No
 5. If yes, when did you receive your first payment? Month: _____ Day: _____ Year: _____
- b. Are you currently receiving, or will you receive retirement pay (except social security) from any other employer that you left within the past 18 months? Yes No
1. If yes, monthly amount: \$ _____ Effective date: _____
 2. Employer Name: _____
 3. Was retirement deducted from your paycheck? Yes No
 4. Have you started receiving payments? Yes No
 5. If yes, when did you receive your first payment? Month: _____ Day: _____ Year: _____

WORK HISTORY - EMPLOYER 1

To determine your eligibility for unemployment benefits, information about every employer you had in the last 18 months is needed. Include all employers regardless of where the work was performed or how long you worked there. If you worked for a temporary agency, list the temporary agency's name and address. **Begin your work history with the last place you worked.**

55. Employer Name: _____

56. Employer address, Apt./Suite #: _____

In order to process your claim you must provide us with a complete address and phone number.

(If you received a separation notice – DOL-800, SF8, etc. – use that address.)

City: _____ State: _____ Zip Code: _____

Employer Phone Number: _____ - _____ - _____

57. Payroll address, Apt./Suite #: _____

(Needs to be completed only if the payroll address is different than the location address.)

City: _____ State: _____ Zip Code: _____

58. Start date: Month: _____ Day: _____ Year: _____

59. Last work date: Month: _____ Day: _____ Year: _____

60. Did you earn at least \$3,300.00 with this employer? Yes No

If no, enter total gross earnings: \$ _____

61. Type of work you did on this job: _____

62. Supervisor's Name: _____

63. Please check the reason you are filing as it relates to this employer. (CHECK ONLY ONE)

a. Lack of Work:

- Layoff
- Total Business Closure
- Assignment ended with Temporary Agency

b. Quit/Resigned:

- Job Related Reasons
- Medical Reasons
- Relocation
- Other Personal Reasons
- Family Violence

c. Discharged/Suspended/Fired/Terminated:

- Failure to Follow Rules/Orders/Instructions
- Tardiness or Absenteeism
- Unsatisfactory Job Performance
- Other

d. I performed services for, with or on behalf of an educational employer and:

- I am currently on a break in between school terms.
- I am currently not on a break in between school terms.
- I am currently on a holiday recess or vacation.

e. Other:

- I am on a leave of absence.
- I retired from my job.
- My military service ended.
- There was a federally declared disaster.
- There was a strike or labor dispute at my employer's location.

f. Still working with my employer:

- My hours have been reduced from full-time to part-time.
- I only work as needed.

64. Job Title: _____

65. Describe your day-to-day job duties with this employer. _____

66. Months worked for this employer in this job. _____

67. Hours per week. _____
68. Pay \$ _____ per (Select a unit of pay.)
 Hourly Daily Weekly Monthly Yearly Other
69. Have you worked for any additional employers in the past 2 years? Yes No
 If yes, please complete the section(s) below for all former employers in the past 2 years.

WORK HISTORY - EMPLOYER 2

70. Employer Name: _____
71. Employer address, Apt./Suite #: _____
*In order to process your claim you must provide us with a complete address and phone number.
 (If you received a separation notice – DOL-800, SF8, etc. – use that address.)*
 City: _____ State: _____ Zip Code: _____
 Employer Phone Number: _____ - _____ - _____
72. Payroll address, Apt./Suite #: _____
(Needs to be completed only if the payroll address is different than the location address.)
 City: _____ State: _____ Zip Code: _____
73. Start date: Month: _____ Day: _____ Year: _____
74. Last work date: Month: _____ Day: _____ Year: _____
75. Did you earn at least \$3,300.00 with this employer? Yes No
 If no, enter total gross earnings: \$ _____
76. Type of work you did on this job: _____
77. Supervisor's Name: _____
78. Please check the reason you are filing as it relates to this employer. (CHECK ONLY ONE)
- | | |
|--|--|
| <p>a. Lack of Work:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Layoff <input type="checkbox"/> Total Business Closure <input type="checkbox"/> Assignment ended with Temporary Agency <p>c. Discharged/Suspended/Fired/Terminated:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Failure to Follow Rules/Orders/Instructions <input type="checkbox"/> Tardiness or Absenteeism <input type="checkbox"/> Unsatisfactory Job Performance <input type="checkbox"/> Other <input type="checkbox"/> Family Violence <p>e. Other:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am on a leave of absence. <input type="checkbox"/> I retired from my job. <input type="checkbox"/> My military service ended. <input type="checkbox"/> There was a federally declared disaster. <input type="checkbox"/> There was a strike or labor dispute at my employer's location. | <p>b. Quit/Resigned:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Job Related Reasons <input type="checkbox"/> Medical Reasons <input type="checkbox"/> Relocation <input type="checkbox"/> Other Personal Reasons <input type="checkbox"/> Family Violence <p>d. I performed services for, with or on behalf of an educational employer and:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am currently on a break in between school terms. <input type="checkbox"/> I am currently not on a break in between school terms. <input type="checkbox"/> I am currently on a holiday recess or vacation. <input type="checkbox"/> There was a strike or labor dispute at my employer's location. <p>f. Still working with my employer:</p> <ul style="list-style-type: none"> <input type="checkbox"/> My hours have been reduced from full-time to part-time. <input type="checkbox"/> I only work as needed. |
|--|--|
79. Job Title: _____

80. Describe your day-to-day job duties with this employer. _____

81. Months worked for this employer in this job. _____
82. Hours per week. _____
83. Pay \$ _____ per (Select a unit of pay.)
 Hourly Daily Weekly Monthly Yearly Other
84. Have you worked for any additional employers in the past 2 years? Yes No
 If yes, please complete the section(s) below for all former employers in the past 2 years.

WORK HISTORY - EMPLOYER 3

85. Employer Name: _____
86. Employer address, Apt./Suite #: _____
*In order to process your claim you must provide us with a complete address and phone number.
 (If you received a separation notice – DOL-800, SF8, etc. – use that address.)*
 City: _____ State: _____ Zip Code: _____
 Employer Phone Number: _____ - _____ - _____
87. Payroll address, Apt./Suite #: _____
(Needs to be completed only if the payroll address is different than the location address.)
 City: _____ State: _____ Zip Code: _____
88. Start date: Month: _____ Day: _____ Year: _____
89. Last work date: Month: _____ Day: _____ Year: _____
90. Did you earn at least \$3,300.00 with this employer? Yes No
 If no, enter total gross earnings: \$ _____
91. Supervisor's Name: _____
92. Please check the reason you are filing as it relates to this employer. (CHECK ONLY ONE)
- | | |
|--|--|
| <p>a. Lack of Work:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Layoff <input type="checkbox"/> Total Business Closure <input type="checkbox"/> Assignment ended with Temporary Agency | <p>b. Quit/Resigned:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Job Related Reasons <input type="checkbox"/> Medical Reasons <input type="checkbox"/> Relocation <input type="checkbox"/> Other Personal Reasons <input type="checkbox"/> Family Violence |
| <p>c. Discharged/Suspended/Fired/Terminated:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Failure to Follow Rules/Orders/Instructions <input type="checkbox"/> Tardiness or Absenteeism <input type="checkbox"/> Unsatisfactory Job Performance <input type="checkbox"/> Other <input type="checkbox"/> Family Violence | <p>d. I performed services for, with or on behalf of an educational employer and:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am currently on a break in between school terms. <input type="checkbox"/> I am currently not on a break in between school terms. <input type="checkbox"/> I am currently on a holiday recess or vacation. <input type="checkbox"/> There was a strike or labor dispute at my employer's location. |

e. Other:

- I am on a leave of absence.
- I retired from my job.
- My military service ended.
- There was a federally declared disaster.
- There was a strike or labor dispute at my employer's location.

f. Still working with my employer:

- My hours have been reduced from full-time to part-time.
- I only work as needed.

93. Job Title: _____

94. Describe your day-to-day job duties with this employer. _____

95. Months worked for this employer in this job. _____

96. Hours per week. _____

97. Pay \$ _____ per (Select a unit of pay.)

- Hourly Daily Weekly Monthly Yearly Other

WORK HISTORY - EMPLOYER 4

98. Employer Name: _____

99. Employer address, Apt./Suite #: _____

*In order to process your claim you must provide us with a complete address and phone number.
(If you received a separation notice – DOL-800, SF8, etc. – use that address.)*

City: _____ State: _____ Zip Code: _____

Employer Phone Number: _____ - _____ - _____

100. Payroll address, Apt./Suite #: _____

(Needs to be completed only if the payroll address is different than the location address.)

City: _____ State: _____ Zip Code: _____

101. Start date: Month: _____ Day: _____ Year: _____

102. Last work date: Month: _____ Day: _____ Year: _____

103. Did you earn at least \$3,300.00 with this employer? Yes No

If no, enter total gross earnings: \$ _____

104. Supervisor's Name: _____

105. Please check the reason you are filing as it relates to this employer. (CHECK ONLY ONE)

a. Lack of Work:

- Layoff
- Total Business Closure
- Assignment ended with Temporary Agency

b. Quit/Resigned:

- Job Related Reasons
- Medical Reasons
- Relocation
- Other Personal Reasons
- Family Violence

c. Discharged/Suspended/Fired/Terminated:

- Failure to Follow Rules/Orders/Instructions
- Tardiness or Absenteeism
- Unsatisfactory Job Performance
- Other
- Family Violence

d. I performed services for, with or on behalf of an educational employer and:

- I am currently on a break in between school terms.
- I am currently not on a break in between school terms.
- I am currently on a holiday recess or vacation.
- There was a strike or labor dispute at my employer's location.

e. Other:

- I am on a leave of absence.
- I retired from my job.
- My military service ended.
- There was a federally declared disaster.
- There was a strike or labor dispute at my employer's location.

f. Still working with my employer:

- My hours have been reduced from full-time to part-time.
- I only work as needed.

106. Job Title: _____

107. Describe your day-to-day job duties with this employer. _____

108. Months worked for this employer in this job. _____

109. Hours per week. _____

110. Pay \$ _____ per (Select a unit of pay.)

- Hourly Daily Weekly Monthly Yearly Other

ACKNOWLEDGEMENT

It may be necessary to call you about your unemployment claim. Please enter a time range when you are generally available. This does not mean you will receive a call. We will only call you if we need more information.

I am available from:	_____:	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm
	to			
	_____:	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm
Time Zone:	<input type="checkbox"/> Eastern	<input type="checkbox"/> Central	<input type="checkbox"/> Mountain	
	<input type="checkbox"/> Pacific	<input type="checkbox"/> Alaska	<input type="checkbox"/> Hawaii	

Once your claim has been entered by GDOL staff, you will receive your confirmation of claim filing along with your rights and responsibilities. Failure to follow these instructions may result in a loss of benefits or delay in your payments. I UNDERSTAND THAT I MUST READ THE Unemployment Insurance Claimant Handbook DOCUMENT, AND THAT I AM RESPONSIBLE FOR COMPLYING WITH ITS REQUIREMENTS.

NOTICE:

Please be advised that confidential Unemployment Compensation information, pertaining to a claimant who files for benefits, may be requested and utilized for other governmental purposes, including, but not limited to, verification of eligibility under other governmental programs.

IMPORTANT INFORMATION AND SIGNATURE SECTION (PLEASE READ CAREFULLY)

I am filing a claim for Unemployment Insurance benefits under Georgia law. I certify that the information furnished is true and correct. I understand that the law prescribes penalties and/or possible forfeiture of all benefits for more than one year for any person who knowingly makes a false statement or withholds information to obtain or increase benefits. I certify under penalty of perjury that the citizenship information I have given is true and all statements made in connection with this claim are true to the best of my knowledge and belief. I also acknowledge that I have received the Unemployment Insurance Claimant Handbook. I agree to comply with all instructions and requirements in the Unemployment Insurance Claimant Handbook. If I pay child support through the Child Support Enforcement Agency, I understand that my Unemployment Insurance benefits could be reduced to make that payment.

_____ Career Center Representative's Signature	_____ Date Claim Filed	_____ Claimant's Signature
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Remarks

For GDOL STAFF ONLY

<input type="checkbox"/> New Claim (BYB)	<input type="checkbox"/> Add./Reopen (CWB)	<input type="checkbox"/> BYE	Clim Type	CFCC	IVR <input type="checkbox"/>	Internet <input type="checkbox"/>	M/C <input type="checkbox"/>	Sep. Notice Presented <input type="checkbox"/> Y <input type="checkbox"/> N	Issue <input type="checkbox"/> Y <input type="checkbox"/> N	CWC <input type="checkbox"/> Trans. St _____/____	BER Date Time _____	CC
<input type="checkbox"/> DOL 414	<input type="checkbox"/> 1199CT	<input type="checkbox"/> 1199NC	<input type="checkbox"/> EO 1693	<input type="checkbox"/> 2798								
<input type="checkbox"/> REU 414	<input type="checkbox"/> Debit Card Fee Schedule	<input type="checkbox"/> 1054/1054A	<input type="checkbox"/> FE-X947	<input type="checkbox"/> Other _____								