

Arkansas Employment Security Department APPLICATION FOR UNEMPLOYMENT INSURANCE BENEFITS				READ INSTRUCTIONS ON BACK BEFORE COMPLETING THIS FORM			
1. FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____			2. SOCIAL SECURITY NUMBER: _____		Office Use Only: SSN Verified: <input type="checkbox"/> L.O.# _____		
3. MAILING ADDRESS: _____				4. TODAY'S DATE: MONTH: _____ DAY: _____ YEAR: _____			
CITY: _____		STATE: _____	ZIP CODE: _____	5. COUNTY: _____		6. PHONE: _____ (_____) _____	
*7. CIRCLE ONE ► 1 White-Non Hispanic 2 Black-Non Hispanic 3 Hispanic 4 American Indian or American Native 5 Asian or Pacific Islander 6 Other				8. <input type="checkbox"/> Male <input type="checkbox"/> Female	*9. Are you Handicapped? <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Are you a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Date of Birth: _____	Mo _____ Day _____ Year _____	12. Years of Education: _____		* - THIS IS VOLUNTARY AND FOR STATISTICAL PURPOSES	
<input type="checkbox"/> Yes <input type="checkbox"/> No		13. If not a citizen, were you legally authorized to work in the United States during the past 18 months? If Yes, Permit No.: _____				OFFICE USE ONLY: Verification Code (0,1,2): _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No		14. Have you worked in Federal Employment in the past 18 months? (Not to include Military Service)					
<input type="checkbox"/> Yes <input type="checkbox"/> No		15. Have you had active Military Service in the past 18 months?					
<input type="checkbox"/> Yes <input type="checkbox"/> No		16. Have you filed an unemployment insurance claim in any state in the past 12 months? (Including Arkansas)					
<input type="checkbox"/> Yes <input type="checkbox"/> No		17. Have you worked in another state in the past 18 months? If Yes, what state(s)? _____					
<input type="checkbox"/> Yes <input type="checkbox"/> No		18. Do you want to have Federal Income Taxes withheld from your weekly benefit payment? (See instructions)					
LAST EMPLOYER (THE ONE YOU PRESENTLY WORK FOR OR YOUR MOST RECENT EMPLOYER)							
19. EMPLOYER NAME: _____				OFFICE USE ONLY EMPLOYER ACCT. NUMBER: _____			
20. MAILING ADDRESS: _____				PHONE: _____			
CITY: _____		STATE: _____		ZIP CODE: _____			
21. Period of Employment		Original Hire Date: _____		Date Last Work Ended: _____			
22. Was your Last Work (check one): <input type="checkbox"/> Full Time (40 hrs) <input type="checkbox"/> Part Time (Less than 40 Hours) <input type="checkbox"/> Temporary (120 days or less)							
23. Type of Separation (check one): <input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Discharge <input type="checkbox"/> Reduced from Full Time (40 Hrs) <input type="checkbox"/> Suspension <input type="checkbox"/> Other							
24. Reason for Separation: _____							
<input type="checkbox"/> Yes <input type="checkbox"/> No		25. Have you had work of any kind since work listed in item 19?					
<input type="checkbox"/> Yes <input type="checkbox"/> No		26. Are you entitled to or are you receiving any vacation, holiday pay, bonus, sick or severance pay?					
<input type="checkbox"/> Yes <input type="checkbox"/> No		27. Can you begin work immediately?		28. Can you work Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No		29. Do you have transportation to a job or has transportation to a job been arranged?					
<input type="checkbox"/> Yes <input type="checkbox"/> No		30. Do you have any disabilities that limit your ability to work?					
<input type="checkbox"/> Yes <input type="checkbox"/> No		31. Have you refused any job since you became unemployed?					
<input type="checkbox"/> Yes <input type="checkbox"/> No		32. Are you self-employed, working on a commission or farming?					
<input type="checkbox"/> Yes <input type="checkbox"/> No		33. Are you receiving or have you applied for a pension, annuity, or retirement from former employers?					
<input type="checkbox"/> Yes <input type="checkbox"/> No		34. Are you attending or planning on attending school?					
<input type="checkbox"/> Yes <input type="checkbox"/> No		35. Do you have children/others that require care? If Yes, have arrangements for their care been made? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No		36. Do you obtain work through a Union? If Yes, are your dues paid? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter name, local number, name of business agent and address of your Union. _____					
37. How did you get your last job: (circle one) ►		1 Employment Security Dept.	2 In person	3 Correspondence (newspaper)	4 Phone	5 Union	
		6 Temporary Agency	7 Other				
38. What kind of work did you do on your last job? _____							
39. What was your rate of pay on your last job? \$ _____				40. What hours did you work? From: _____ To: _____			
<input type="checkbox"/> Yes <input type="checkbox"/> No		41. Are you scheduled to return to work or start a new job within 10 weeks? If Yes, what date: _____					
<input type="checkbox"/> Yes <input type="checkbox"/> No		42. Are you on a Seasonal layoff? Are you on an indefinite layoff? <input type="checkbox"/> Yes <input type="checkbox"/> No					
I hereby register for work and file notice of my unemployment and request a determination of my benefit rights under Arkansas Employment Security 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.							
43. CLAIMANT SIGNATURE (DO NOT PRINT): _____				44. DATE SIGNED: _____			
LOCAL OFFICE USE ONLY							
BYE _____ CO/RES: _____ CO/LAST WRK: _____ REQUALIFYING WAGES: <input type="checkbox"/> YES <input type="checkbox"/> NO EFFECTIVE DATE: _____							
<input type="checkbox"/> IC <input type="checkbox"/> AC <input type="checkbox"/> RC <input type="checkbox"/> TC		REASON FOR RC: _____		OCC. CODE: _____			
<input type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL		FUND (RB, EB, EUC): _____		<input type="checkbox"/> MASS LAYOFF		MESSAGE INSTALLED: _____ CONTROL DATE: _____	
RETURN DATE: _____		TIME: _____		AM/PM		W.S. CODE: _____ WS EXEMPTION DATE: _____	
<input type="checkbox"/> 501(3)(S)/WS EXEMPT. LETTER ON FILE		<input type="checkbox"/> IPRCH VERIFIED		<input type="checkbox"/> UI INFORMATION HANDBOOK & ARKLINE PAMPHLET ISSUED			
<input type="checkbox"/> BRI INSTRUCTIONS ISSUED		<input type="checkbox"/> LAST WORK VERIFIED		INTERVIEWER SIGNATURE: _____			
POST MARK DATE: _____							