



## ***CHECK LIST FOR FILING UNEMPLOYMENT BENEFITS***

***Have the following items ready before applying:***

☐ **Application**

☐ **Last employer Job letter** (lay-off/discharged or resignation letter if you quit)

☐ **DD214 copy 4** (US Armed Force)

☐ **SF 8 / SF 50** (If employed in Federal Civilian service)

☐ **Last pay stub from current job** (Also, if you received or will receive separation pay, such as, vacation, severance, holiday pay etc., you will need to submit a copy of your paystubs)

☐ **Social security card** (If you've lost it, call the Social Security office or apply online and get a new card)

☐ **Valid Identification Card**

☐ **Alien Card** (If non-citizen: bring your alien registration/green card or other documents issued by the Immigration and Naturalization Service or any documents that show your immigration status)

☐ **Pension** (If you are collecting a pension other than Social Security, you will need to submit the pension statement.

☐ **Résumé**

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***The following will be provided by our agency for completion:***

☐ **V.I. Electronic Workforce System (VleWs) Username**

☐ **Signed Acknowledgement of Receipt - Claimant (BRI) Handbook**

☐ **Collecting U.I Benefits while working** (initials)

☐ **Tax withholding**

☐ **Direct Deposit Agreement form**

### **INTERNAL OFFICE ONLY**

**DOL Representative Initial's:** \_\_\_\_\_

**Claimant appointment date:** \_\_\_\_\_

**Please stamp today's date:** \_\_\_\_\_



## APPLICATION FORM

<b>LAST NAME:</b>		<b>FIRST NAME:</b>	
<b>SOCIAL SECURITY #:</b>		<b>Today's Date:</b>	
Address:	Street:		
	City/State:		Zip:
Mailing Address:	Street:		
	City/State:		Zip:
Day Phone:		Alternate Phone:	
E-Mail Address:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Are you registered for Selective Service?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>RACE:</b>		<b>ETHNICITY:</b>	
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> White	
<input type="checkbox"/> Black/African American		<input type="checkbox"/> Asian	
<input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> Other	
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Not Hispanic or Latino	
<input type="checkbox"/> Decline to Answer			
<b>EDUCATION STATUS:</b> Highest grade completed:			
<input type="checkbox"/> Still in School		<input type="checkbox"/> GED	
<input type="checkbox"/> Did not complete H/S		<input type="checkbox"/> H/S Diploma	
<input type="checkbox"/> Some College		<input type="checkbox"/> Completed College	
Degrees, licenses or credentials you hold:			
<b>EMPLOYMENT STATUS:</b> Are you currently working?: _____			
If no, what kind of work are you looking for? Or main occupation?			
<b>CITIZENSHIP:</b>			
Are you US Citizen/Naturalized?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you in satisfactory immigration status?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Enter your Alien Registration Number?		Expiration Date	
<b>ADDITIONAL INFORMATION:</b>			
Current or former Foster Youth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Migrant/seasonal farm worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refugee / Asylee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Person with a disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ex-offender	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving Public Assistance (GA, TANF, Food Stamps, RCA, SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Applied or receiving pension	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>VETERAN STATUS:</b> (check applicable)			
Veteran status: <input type="checkbox"/> U.S. Veteran <input type="checkbox"/> Other eligible (Spouse of 100% disable veteran)			
Branch of Service: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy Service dates: _____			
Branch of Service: <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard Service Dates: _____			
Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Honorable w/Condition <input type="checkbox"/> Other Than Honorable			
<input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Medical Service Condition			

## WORK RECORD

Complete all items below for each job you have had during the past 24 months. Include all self-employment, part-time work, military service and employment with a government Agency. Include all employers, regardless of state, type of work performed or length of job. Starting with your most recent employer

1. Company:		Type of Work Performed:	
Address:		Reason for Separation:	
Telephone # (Include Area Code)	<input type="checkbox"/> Laid off /Lack of Work	<input type="checkbox"/> Retired	<input type="checkbox"/> Leave of absence
Dates Worked:	<input type="checkbox"/> Reduced Hours	<input type="checkbox"/> Resign/Quit	<input type="checkbox"/> On Call
From: To:	<input type="checkbox"/> Fired / Discharged	<input type="checkbox"/> Suspended	<input type="checkbox"/> Labor Dispute
	<input type="checkbox"/> Contract ended	<input type="checkbox"/> Terminated	<input type="checkbox"/> Military Separation
Hourly Wage: \$ <input type="checkbox"/> FT <input type="checkbox"/> PT	Separation Pay:		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Company:		Type of Work Performed:	
Address:		Reason for Separation:	
Telephone # (Include Area Code)	<input type="checkbox"/> Laid off /Lack of Work	<input type="checkbox"/> Retired	<input type="checkbox"/> Leave of absence
Dates Worked:	<input type="checkbox"/> Reduced Hours	<input type="checkbox"/> Resign/Quit	<input type="checkbox"/> On Call
From: To:	<input type="checkbox"/> Fired / Discharged	<input type="checkbox"/> Suspended	<input type="checkbox"/> Labor Dispute
	<input type="checkbox"/> Contract/ Job ended	<input type="checkbox"/> Terminated	<input type="checkbox"/> Military Separation
Hourly Wage: \$ <input type="checkbox"/> FT <input type="checkbox"/> PT	Separation Pay:		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Company:		Type of Work Performed:	
Address:		Reason for Separation:	
Telephone # (Include Area Code)	<input type="checkbox"/> Laid off /Lack of Work	<input type="checkbox"/> Retired	<input type="checkbox"/> Leave of absence
Dates Worked:	<input type="checkbox"/> Reduced Hours	<input type="checkbox"/> Resign/Quit	<input type="checkbox"/> On Call
From: To:	<input type="checkbox"/> Fired / Discharged	<input type="checkbox"/> Suspended	<input type="checkbox"/> Labor Dispute
	<input type="checkbox"/> Contract/Job ended	<input type="checkbox"/> Terminated	<input type="checkbox"/> Military Separation
Hourly Wage: \$ <input type="checkbox"/> FT <input type="checkbox"/> PT	Separation Pay:		<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing below, I acknowledge that I have received copies of: 1) Customer Bill of Rights 2) Grievance Procedure; and 3) Code of Conduct. I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and that I may have to provide documents to support this application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR UNEMPLOYMENT INSURANCE APPLICANTS ONLY

Do you expect to be recalled by the employer who just laid you off?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is the approximate recall date? _____		
Have you worked in any other state within the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", enter, Date: _____ Paying State: _____		
Did you received unemployment within past 18 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you attending school / training or are you a corporate officer, partner, self employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you receiving or have you applied for workers' compensation or disability benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever worked in any Military and/or Federal service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received or will you receive any vacation, severance, bonus or holiday pay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you owe or are you required to make child support payments under court order or agreement with a Child Support?		
Enforcement Unit? If yes name Agency: _____ State: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you elect to have Federal Income Tax withheld from your benefit payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any reason that you cannot work right now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you worked since Sunday of this week, if so amount earned? \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 penalty or perjury that the statements made in connection with this claim are true to the best of my knowledge and belief. In accordance with the applicable provisions of the privacy act of 1974 (PL 93-579). I AUTHORIZE my former employer(s) to release all information requested in connection with your claim for unemployment compensation. I am furnishing my Social Security number as required by the Deficit Reduction Act (DEFRA) (PL 98-369) as a condition of eligibility for benefits. I understand that information regarding my claim may be furnished to requesting agencies defined in DEFRA for the purpose of income and eligibility verification.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## DIVISION OF UNEMPLOYMENT INSURANCE

### **Acknowledgment of Receipt of Handbook/BRI Video Briefing**

Today's Date	
Claimant Name	
Social Security	

I, hereby certify that I was given a Claimant Benefit Rights and Responsibilities Guide for Receiving UI Benefits handbook issued by the United States Virgin Islands Unemployment Insurance (UI) Division. I understand the this guide contains specific information about my Unemployment Insurance (UI) benefit rights and responsibilities, in compliance with the United States Virgin Islands Unemployment Insurance laws.

I, hereby certify that I will look at the **Benefits Right Rights Interview Video** located in the VIDOL's website [www.vidol.gov](http://www.vidol.gov) (Unemployment Insurance). If I do not have a computer or internet at home, I will visit the VIDOL computer resource room to look at the video.

I understand that I must **READ THIS HANDBOOK COMPLETELY AND CAREFULLY and LOOK AT THE BRI VIDEO**. Failure to follow the instructions in this handbook/Video, to make timely inquiries when necessary, to report as directed, to file required documents in a timely manner, or to file claim forms as directed, may result in delay, denial or loss of your unemployment insurance (UI) benefits. I will not rely on advice from family, relatives or friends. If there are any questions or concerns regarding my claim, I will contact the United States Virgin Islands Department of Labor, Unemployment Insurance (UI) Division office.

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CLAIMANT SIGNATURE



## Collecting Unemployment Insurance Benefits While Working is a **CRIME!**

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### IMPORTANT INFORMATION YOU NEED TO KNOW ABOUT REPORTING WAGES WAGES: WHAT ARE THEY, WHY DO I NEED TO REPORT THEM AND WHAT HAPPENS IF I DO NOT?

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#### **WAGES ARE ANY AND ALL INCOME RECEIVED FROM:**

- |  |                               |
|--|-------------------------------|
| ✓ Worked Performed                     | ✓ Commissions                 |
| ✓ Bonuses and Tips                     | ✓ Holiday and/or Vacation Pay |
| ✓ Back Pay Awards                      | ✓ Seasonal Work               |
| ✓ Part-Time Work                       | ✓ Per Diem Work               |
| ✓ International Work:<br>Canada/Abroad | ✓ Cash Earnings               |

**Gross wages** must be reported during the week they were earned, not when you receive your pay. The term **gross wages** refers to the amount of money earned before taxes or any other deductions are taken out.

Once you begin full-time work, you are **not eligible** to continue receiving unemployment insurance benefits. Depending on when you start working, you may be eligible for partial unemployment insurance benefits. You are required to report earnings as of the first day you begin work, even if you do not receive your pay until a later date. If you do not have a pay stub or your work week is different from our Sunday to Saturday claim week, you will need to calculate your gross wages in order to report them when claiming your benefits.

#### **WHY DO I NEED TO REPORT MY WAGES?**

When claiming benefits, you must report any wages you may have earned for that week. Why? Your employer submits information about newly hired employees, including the first day of work, to the U.S. Virgin Islands, which in turn is passed on

to the Division of Unemployment Insurance. The Division performs a cross-match of new hire information against all claimants who certify for unemployment insurance benefits. The Benefit Payment Control Unit within the Division also compares the wages reported by you to those wages reported by your employer during the same time period and conflicting information is assigned to an investigator for resolution.

### **WHAT HAPPENS IF I DO NOT REPORT MY WAGES?**

If you receive benefits to which you were not entitled, you will be responsible for repaying the benefits that you received. If you are found to have collected benefits **fraudulently**, you will incur interest and penalties and you will be disqualified from the receipt of unemployment insurance benefits for one year. In addition, you may be prosecuted criminally, face additional penalties and possible jail time.

### **PLEASE CONTACT THE DEPARTMENT OF LABOR, DIVISION OF UNEMPLOYMENT INSURANCE IF YOU HAVE ANY QUESTIONS ABOUT REPORTING WAGES**

Dept. of Labor – UI Benefits (St. Croix) (340) 773-1994

Dept. of Labor – UI Benefits (St. Thomas) (340) 776-3700

I acknowledge that I have read and understand this statement and wish to file my Unemployment Claim at this time. \_\_\_\_\_ (Please initial)

No, I do not wish to file an Unemployment Claim at this time. \_\_\_\_\_ (Please initial)



# VIRGIN ISLANDS DEPARTMENT OF LABOR

## VOLUNTARY WITHHOLDING OF FEDERAL INCOME TAX

Unemployment Insurance benefits are fully taxable if you are required to file a tax return. Federal Tax is withheld at 10%.

A statement, Form 1099-G, will be furnished to you at the end of January stating the amount of benefits paid and withheld during the prior year. The same information will be transmitted to the Internal Revenue Branch (IRB).

**The department is not responsible for refunding withheld taxes.**

PLEASE DIRECT ALL QUESTIONS CONCERNING YOUR INCOME TAX LIABILITY TO THE INTERNAL REVENUE BRANCH.

**PLEASE COMPLETE THE FORM BELOW TO DECLINE OR REQUEST WITHHOLDING OF FEDERAL INCOME TAXES.**

**SUBMIT THIS FORM TO THE ADDRESS BELOW:**

Department of Labor  
P.O. Box 303159  
Charlotte Amalie St. Thomas VI 00803  
FAX# (340) 715-5731  
**OR**  
Department of Labor  
4401 Sion Farm  
Christiansted, St. Croix 00820  
FAX# (340) 773-1515

NAME (PLEASE PRINT): _____										
FIRST			MIDDLE INITIAL				LAST			
ADDRESS _____										
_____										
SOCIAL SECURITY NUMBER										
<input type="checkbox"/> I do not wish to have Federal Income tax deducted from my unemployment insurance benefits.										
<input type="checkbox"/> I hereby authorize the Department of Labor to deduct and withhold federal income tax from my unemployment insurance benefits.										
_____ SIGNATURE						_____ DATE				

**ALLOW SEVEN WORKING DAYS FOR CHANGES TO TAKE EFFECT.**

### \*PRIVACY ACT STATEMENT

Information you provide to this department is voluntary and confidential but is required to process your claim. Pursuant to the Internal Revenue Code of 1986, the Social Security Act, 42 U.S.C. 1320b-7(a) 1, and s. 443.091(1) (h), F.S., disclosure of your Social Security number is mandatory. Social Security numbers will be used by the department to report the benefits you receive to the Internal Revenue Service as potential taxable income. In accordance with the Federal Deficit Reduction Act, an amendment to the Federal Social Security Act, and 5 U.S.C. 552 a(o)(1)(D), information you provide is subject to verification through computer matching programs and information about your wages and claim may be provided to other federal, state and local agencies or their contractors for verification of eligibility under other government programs to ensure benefits have been properly paid and for statistical and research purposes.

VIRGIN ISLAND DEPARTMENT OF LABOR  
Unemployment Insurance Division  
**ELIGIBILITY QUESTIONNAIRE**

**IMPORTANT NOTICE TO CLAIMANT:**

It is necessary that you answer the questions on this form. The answers you give will be used to evaluate your eligibility for unemployment insurance benefits.

Your Name(print) \_\_\_\_\_ S. S. Number \_\_\_\_\_

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- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. What kind of work did you do on your last job? _____  | YES                      | NO                       |
| 2.a. What kind(s) of work are you seeking? _____   |                          |                          |
| b. Do you have experience in this field(s)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.a. Are you willing to work full time? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If no, indicate the maximum number of hours per week you are willing to work _____  |                          |                          |
| 4. Circle the days of the week you are willing to work:  |                          |                          |
| Mon.    Tue.    Wed.    Thu.    Fri.    Sat.    Sun.   |                          |                          |
| 5.a. Indicate the geographic areas where you are seeking work: _____   |                          |                          |
| b. What means of transportation do you have available to you? (personal car, bus, subway, etc.) _____  |                          |                          |
| 6.a. Indicate the rate of pay you received on your last job: \$ _____ per _____  |                          |                          |
| b. What is the minimum starting rate of pay you will accept? \$ _____ per _____  |                          |                          |
| 7.a. Can you start work immediately? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If no, please explain _____   |                          |                          |
| 8. Are you attending or planning to attend any school or taking any course of study or training? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.a. Do you have any business or engage in any activity that brings in income or might result in future income? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If yes, explain: _____  |                          |                          |
| 10. While claiming benefits have you performed or are you performing any service for the business of a friend or relative, either with or without pay? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you receiving or have you applied for workers' compensation or disability benefits? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

CONTINUE ON REVERSE SIDE



# CONTINUED INTERSTATE CLAIM

<b>1. CLAIMANT'S NAME</b> <i>(First, Middle, Initial, Last)</i>  		<b>2. SOCIAL SECURITY NUMBER</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <span style="margin: 0 5px;">-</span> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <span style="margin: 0 5px;">-</span> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>	
<b>3. MAILING ADDRESS:</b> <i>(No., Street, Route, P. O. Box, Apt. No.)</i>  		<b>4. LIABLE STATE</b> <i>(Do Not Abbreviate)</i>  	
<b>CITY</b>	<b>COUNTY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>6. TELEPHONE NO.</b> <i>(Include Area Code)</i>		<b>7. HAVE YOU MOVED SINCE YOU LAST FILED?</b> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes             <input type="checkbox"/> No           </div>	
<b>5.</b> <input type="checkbox"/> REGULAR <input type="checkbox"/> EB <input type="checkbox"/> OTHER _____			
<b>8. CLAIM FOR WEEK ENDING:</b>  			

**9. Did you work or earn wages of any kind during the week claimed on this form (item #8)?**      ☐ Yes      ☐ No  
 If "Yes," complete the section below for each day you worked or earned wages.  
**SHOW GROSS EARNINGS BEFORE DEDUCTIONS**

DATE	NO. OF HOURS WORKED	EMPLOYER'S NAME AND ADDRESS	GROSS DAILY PAY
			\$
			\$
			\$
			\$
			\$
			\$

<b>10. Reasons for separation from any employment shown above:</b> <input type="checkbox"/> Lack of Work <input type="checkbox"/> Still Working <input type="checkbox"/> Other *			
<b>11. Do you receive Social Security (OASI):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>A Retirement Pension:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>An Educational Assistance Allowance:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>A Training Allowance:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If "Yes," enter amount below: \$ _____	

<b>12. For the week(s) claimed above, did you receive income from one or more of the following sources?</b> If "Yes," enter the amount(s) below: a. Earnings from self-employment \$ _____ b. Commission payments \$ _____ c. Wage in lieu of notice \$ _____ d. Dismissal or severance pay \$ _____ e. Vacation pay \$ _____ f. Holiday pay \$ _____ g. Tips and gratuities \$ _____ h. Board, or room, or both \$ _____ i. Worker's Compensation \$ _____	<b>13. During the week(s) claimed above, were you:</b> a. Able to work <input type="checkbox"/> Yes <input type="checkbox"/> No* b. Available for work <input type="checkbox"/> Yes <input type="checkbox"/> No* c. Offered any jobs you refused <input type="checkbox"/> Yes* <input type="checkbox"/> No d. In training/attending school <input type="checkbox"/> Yes* <input type="checkbox"/> No e. Working on a commission basis <input type="checkbox"/> Yes* <input type="checkbox"/> No f. Self-employed <input type="checkbox"/> Yes* <input type="checkbox"/> No g. Claiming benefits under any other Unemployment Insurance Law? <input type="checkbox"/> Yes* <input type="checkbox"/> No
---	--

**NOTE:** For any amount entered in items 11 and 12, show in "Remarks" the source, period covered by payment and the Employer's name and address, if applicable.

<b>14. Use L.O. stamp or enter L.O. address, phone, number, and I.D. number.</b>  <div style="text-align: center;"> <b>Department of Labor</b>  <b>P: (340) 776-3700</b>  <b>F: (340) 715-5731</b>  <b>P. O. Box 303159</b>  <b>Charlotte Amalie, St. Thomas VI 00803</b> </div> Itinerant Location _____	<b>15. FOR USE OF LIABLE STATE</b>  
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\* Claimstaker: Explain under "Remarks" on reverse.

16. During the week claimed in item 9 (front), list the employers, labor unions, and others you contacted to find work:					
Date	Places Contacted	Address and Telephone Number	Method of Contact	Type of Work Sought	Results
17. If you did not look for work, explain why:					
18. If you have returned to work, enter:		BEGINNING DATE:	EMPLOYER NAME:		
19. REMARKS: Give below any information regarding items requiring clarification:					
20. I HEREBY register for work and claim unemployment benefits. I am unemployed, able to work, except as stated hereon. I have been informed that I must report as directed to continue my registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for the purpose obtaining benefits not due or of increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.					
CLAIMANT'S SIGNATURE:				DATE:	
CLAIMANT: DO NOT WRITE BELOW THIS LINE					
21. CLAIMSTAKER: Was an eligibility review conducted at the time this claim was taken? <input type="checkbox"/> Yes <input type="checkbox"/> No					
22. CLAIMSTAKER'S REMARKS:					
23. CLAIMSTAKER'S SIGNATURE:				DATE:	

	YES	NO
12a. Are you receiving or have you applied for any pension or social security benefits?	<input type="checkbox"/>	<input type="checkbox"/>
b. If yes, do you limit yourself to the type of work, hours or days of work, or amount of earnings that you would accept because of the above benefits? .....	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you received or are you going to receive any vacation or holiday pay during your present period of unemployment? .....	<input type="checkbox"/>	<input type="checkbox"/>
14a. Does your regular occupation require shift work? .....	<input type="checkbox"/>	<input type="checkbox"/>
b. If yes, what shifts will you work? _____		

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I HAVE ANSWERED THESE QUESTIONS FOR THE PURPOSE OF OBTAINING UNEMPLOYMENT INSURANCE BENEFITS, KNOWING THAT THE LAW PROVIDES PENALTIES FOR MAKING FALSE STATEMENTS. I UNDERSTAND THAT I MUST PROMPTLY REPORT ANY CHANGES IN THE INFORMATION GIVEN ON THIS REPORT.

DATE \_\_\_\_\_ SIGNATURE OF CLAIMANT \_\_\_\_\_

CLAIMS EXAMINER \_\_\_\_\_ DATE OF NEXT INTERVIEW \_\_\_\_\_

LOCAL OFFICE COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_