

EMPLOYMENT SECURITY CLAIMANT INFORMATION SHEET
PLEASE PRINT



SOCIAL SECURITY NUMBER: _____ - _____ - _____

A. Name (Last, First, Initial) _____

Mailing Address _____ Apt. _____

City _____ State _____ Zip _____ County _____

Telephone (Pager not acceptable.) _____ - _____ - _____ Date Of Birth ____/____/____

B. If your mailing address is a Post Office Box or "in Care Of..." you must complete the following:
The reason why your UI Benefit checks are to be sent to that address: _____

What is your actual home address (this information will be kept confidential)? _____

C. Within the past 12 months, have you filed for Unemployment Insurance? _____ Yes _____ No

If Yes, Where _____ When ____/____/____
Have you changed your name or address? _____ Yes _____ No

D. Are you a citizen of the United States? _____ Yes _____ No If No, are you authorized to work in the U. S.? _____ Yes _____ No

Alien Registration # _____ When did you enter the U.S. _____

Type of alien registration document _____ Name as shown on the Document _____

E. Do you belong to a union and are you in good standing? _____ Yes _____ No

If yes, Union _____ Local _____ City _____

F. The following information is for record keeping only. Your response is strictly voluntary. Please check the applicable boxes:

1. Sex: Female Male
2. Which best describes your ethnic background: White Black
Hispanic Native American Pacific Islander Asian
Other Prefer not to answer
3. Do you have a disability as defined in Section 7 of the 1973 Rehabilitation Act or the Americans with Disabilities Act of 1990?
Yes No Prefer not to answer

CLAIMANT CERTIFICATION - PLEASE READ CAREFULLY

I hereby file a claim for unemployment insurance benefits. I certify that the information for my benefit claim, including the status of my dependents, is true and correct to the best of my knowledge and belief. I am aware that the law prescribes penalties of fine and imprisonment for making false statements to obtain benefits, including dependent allowance. I understand that the information submitted by me will be used by other Federal, State, or Local Agencies and that information submitted by me to these agencies will be used by IDES in determining my eligibility and amount of unemployment benefits. I also understand that, pursuant to Section 1900 of the Unemployment Insurance Act, any information that I provide to the Department of Employment Security in connection with this claim may be shared with my former employers or their representatives.

I elect to have Federal Income Tax withheld from my gross Unemployment Insurance Benefit payments in the amount of 10%. _____ Yes _____ No

I agree that occupationally significant information regarding my knowledge, skills and ability along with my name, address and telephone number may be given to potential employers and/or training facilities in an effort to help me obtain employment and training at no cost to me. _____ Yes _____ No

Claimant's Signature _____ Date _____

Office Use Only:

Identity verified: Phone(Key Identifiers Verified) _____ Soc.Sec.Card _____ Drivers Lic. _____ Reviewed by _____ Entered by _____ EEO _____

ObsCode _____

Dep Code: _____ Program: A B C D E Sub-Program: A B C 607B: _____ R/S: _____ DOC _____ BYB _____ R/S _____

Comment: _____

UNEMPLOYMENT INSURANCE APPLICATION

NAME _____

SSN _____

- 1. Within the past 18 Months, have you worked outside of Illinois? ___ Yes ___ No
- 2. Within the past 18 Months, have you served in the U.S. military on active duty for at least 90 days? If YES, you must submit a copy of your DD-214 (Member 4). ___ Yes ___ No

If you answered YES to #1, 2 or 3 YOU **MAY BE ASKED TO COMPLETE ADDITIONAL FORMS.**

- 3. Within the past 18 Months, have you worked as a civilian employee of the federal government? ___ Yes ___ No
IF YOU WISH TO CLAIM DEPENDENTS, **YOU MUST COMPLETE SECTIONS 4 AND 5**

4. PLEASE PROVIDE INFORMATION ABOUT YOUR CHILDREN, IF ANY:

Do you have one or more children under the age of eighteen or an older child who was unable to work during the past 90 days due to an illness or disability? Include natural children, stepchildren, legally adopted children and children of whom you have court ordered custody. ___ Yes ___ No

Within the past 12 months, up to today, has anyone else claimed any of your children on an Illinois Unemployment Insurance Claim? ___ Yes ___ No

If you and the children's other parent live in the same household, did you and your spouse together provide more than one-half the support of the children for the past 90 days and did you provide at least one-quarter of that support? ___ Yes ___ No

If you and the children's other parent do not live in the same household, did you furnish more than one-half the support for the children during the past 90 days? ___ Yes ___ No

5. IF MARRIED, PLEASE PROVIDE INFORMATION ABOUT YOUR SPOUSE:

Spouse's full name (last, first, initial) _____

Spouse's Social Security Number _____ - _____ - _____

For the 90 consecutive days immediately before this claim did you furnish more than one-half the cost of support of your lawful spouse? ___ Yes ___ No

Within the past 18 months has your spouse worked in Illinois? ___ Yes ___ No

Please give us information about where you worked during the past 18 months. START WITH YOUR LAST JOB.

6. Company Name _____

Address _____ City _____ State _____ ZIP _____

Company Telephone Number Area Code (_____) _____ - _____

In what state(s) was your work performed? _____

Last Day Worked ____/____/____ Original Hire Date ____/____/____

If you worked this week, please enter your gross pay (hours worked x hourly pay) \$ _____

Were you employed for 30 working days? ___ Yes ___ No If No, give number of days worked _____

Circle why you are no longer working for this Company? LAID-OFF QUIT DISCHARGED

STILL WORKING, PART-TIME LABOR DISPUTE OTHER, PLEASE EXPLAIN _____

UNEMPLOYMENT INSURANCE APPLICATION

NAME _____

SSN _____

7. Do you have a return to work date?

___Yes___No

If YES, Return Date ___/___/___ to Company Name _____

IF YOU WERE DISCHARGED OR VOLUNTARILY QUIT THIS JOB, YOU MUST COMPLETE A DISCHARGE OR QUIT FORM.

8. Company Name _____

Address _____ City _____ State _____ ZIP _____

Company Telephone Number Area Code (____) _____ - _____

In what state(s) was your work performed? _____

Date Last Worked ___/___/___ Date Started ___/___/___

How many total days did you work for this employer? _____

Why are you no longer working for this Company? LAID-OFF QUIT DISCHARGED

STILL WORKING, PART-TIME LABOR DISPUTE OTHER, PLEASE EXPLAIN _____

9. Company Name _____

Address _____ City _____ State _____ ZIP _____

Company Telephone Number Area Code (____) _____ - _____

In what state(s) was your work performed? _____

Date Last Worked ___/___/___ Date Started ___/___/___

How many total days did you work for this employer? _____

10. Have you refused any offers of work since your last day of work?

___Yes___No

Are you receiving or have you applied for WORKER'S COMPENSATION?

___Yes___No

Did you receive or will you receive plant shut down pay?

___Yes___No

Are you receiving or have you applied for SOCIAL SECURITY BENEFITS?

___Yes___No

Are you receiving or have you applied for a PENSION?

___Yes___No

IF YES, did you make contributions to your pension fund?

___Yes___No

Are you currently attending school or enrolled in a training program?

___Yes___No

Are you receiving or have you applied for RAILROAD UNEMPLOYMENT?

___Yes___No

Are you receiving or have you applied for TRADE ACT BENEFITS?

___Yes___No

Did you receive or will you receive Wages in Lieu of Notice?

___Yes___No

UNEMPLOYMENT INSURANCE APPLICATION

SSN _____

NAME _____

ADDITIONAL BASE PERIOD EMPLOYERS

Company Name _____

Address _____ City _____ State _____ ZIP _____

Company Telephone Number Area Code (____) _____ - _____

In what state(s) was your work performed? _____

Date Last Worked ____/____/____ Date Started ____/____/____

How many total days did you work for this employer? _____

Company Name _____

Address _____ City _____ State _____ ZIP _____

Company Telephone Number Area Code (____) _____ - _____

In what state(s) was your work performed? _____

Date Last Worked ____/____/____ Date Started ____/____/____

How many total days did you work for this employer? _____

Company Name _____

Address _____ City _____ State _____ ZIP _____

Company Telephone Number Area Code (____) _____ - _____

In what state(s) was your work performed? _____

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