

SHARE WORK PROGRAM INITIAL CLAIM APPLICATION

Filing Date (mm/dd/yyyy): _____

Social Security Number: _____

Name: (Last) _____ (First) _____ (Middle Initial) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Ward: _____ County: _____

Telephone Number: _____

Sex: Male Female

Education Level: _____

Birthdate: _____

U.S. Citizen?: _____ (Yes/No)

Preferred Language: _____

Alien Registration Number (secure copy of supporting document): _____

Ethnicity: _____

DURING THE PAST 18 MONTHS HAVE YOU WORKED AS A CIVILIAN FOR THE FEDERAL GOVERNMENT?

Yes No

ARE YOU CURRENTLY RECEIVING BENEFITS UNDER ANY OTHER UNEMPLOYMENT COMPENSATION LAW?

Yes No

If yes, I am receiving:

Monthly Amount: \$ Pension Social Security Annuity None

Are you required to pay child support?: _____ (Yes/No)

Would you like child support withheld from your benefit amount?: _____ (Yes/No)

Would you like state income tax withheld from your benefit amount?: _____ (Yes/No)

Would you like federal income tax withheld from benefit amount?: _____ (Yes/No)

Are you a union member?: _____ (Yes/No)

Veteran?: _____ (Yes/No)

Military Start Date (mm/dd/yyyy): _____

Military Discharge Date (mm/dd/yyyy): _____

Shared Work Employer: _____

Worksite Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____

Job Title: _____ Employment Start Date (mm/dd/yyyy): _____

WORK RECORD FOR THE PAST 18 MONTHS

Business Name: _____

Worksite Address: _____

City, State: _____ Zip Code: _____

Start Date (mm/dd/yyyy): _____ End Date (mm/dd/yyyy): _____

Work was performed in: MD VA DC Other: _____

Reason for Separation from Last Employer:

Discharged for Cause _____ Left Voluntarily _____ Labor Disputes _____ Laid Off, Lack of Work _____

Other _____

If other than Laid Off, Lack of Work, please explain fully:

Please list all of your employers for the past eighteen (18) months. Include temporary or employee leasing agencies, employers in and outside the USA, the federal government and the military. To list more employers, use a separate piece of paper and attach it to this form. This information will be verified with your employer(s).

CERTIFICATION

I certify under penalty of perjury that I am a citizen of the United States or legally authorized to work in the United States. I further certify that I am able and available for work. I understand the questions I have been asked and my answers are true to the best of my knowledge. I understand the law provides penalties for making false statements in order to obtain unemployment insurance benefits. By submitting this application, I hereby request an initial determination of benefits potentially payable to me. I authorize the Department of Employment Services, Office of Unemployment Compensation to obtain and use information from any source I provide for administering unemployment insurance. Following this signed Initial Claim form, I understand and authorize my employer to submit Weekly Claim Certification forms on my behalf. I understand I am also responsible for communicating with my employer and the Department of Employment Services, Office of Unemployment Compensation, of any changes to my status. I understand that failure to communicate status changes can result in a delay or denial of benefits. I further understand that any overpayment or misinformation is my responsibility. I certify that I understand that it is my responsibility to know the information in the Claimant Rights and Responsibilities and Shared Work Program Handbooks.

Claimant Signature

Date (mm/dd/yyyy)