

ARIZONA INITIAL CLAIM FOR UNEMPLOYMENT INSURANCE

PRINT ONLY				DO NOT COMPLETE SHADED AREAS FOR OFFICIAL USE ONLY			BA-CLMT INFO
1. SOC. SEC. NO. Verified _____							
2. Last Name _____		First Name _____		Middle Initial _____		BE	
3. Mailing Address (No., Street, Apt., P.O. Box, City) _____			State AZ	ZIP _____		RES FIPS _____	
4. Residential Address (If different from mailing address) _____			State AZ	ZIP _____		Sex _____	
5. E-MAIL Address (Optional) _____		6. Phone No. _____	7. Secondary Phone No. (Optional) _____			Race _____	
8. Birthdate Month _____ Day _____ Year _____		9. Provide a brief description of your primary occupation _____				Ethnicity _____	
10. Other names or Soc. Sec. Nos. you have used in the last two (2) years _____						Commuter _____	
11. Are you a veteran of the U.S. Military? Yes No Other eligible veteran status _____						Language _____	
12. What is the highest grade of school completed? Grade _____ GED HS Diploma VO-Tech Associate Degree Bachelors Masters Doctorate						BB-CLAIM INFO	
13. Unemployment insurance benefits are taxable. Please select one of the following options: Do not withhold taxes Withhold federal taxes Withhold federal and state taxes						Claim Type N A R	
*ADDITIONAL DEPUTY ACTION REQUIRED				YES	NO	Effective Date _____	
14. Are you a citizen of the United States?				*	*	_____	
15. If not a citizen, were you legally authorized to work in the United States during the past 18 months? If Yes, Permit No. _____				*	*	File Date _____	
16. Are you disabled?						LO _____	
17. In the past 12 months, have you filed an unemployment insurance claim in any state?				*		Type _____	
18. In the past 18 months have you been in the military service?				*		Disability Date _____	
19. In the past 18 months have you worked in federal civilian service?				*		Non-SEP Issues _____	
20. In the past 18 months have you worked in another state?				*		JS REQ _____	
21. Have you received or will you receive vacation, holiday, unused sick pay or severance pay?				*		ERI _____	

(Please complete the reverse)

22. Are you receiving or have you applied for retirement benefits or any other type of retirement, pension/annuity benefits? <i>(Social Security benefits are not applicable).</i>		*		Phone Filing
23. Have you refused work or referral to work since becoming unemployed?		*		CWC
24. Since becoming unemployed have you received Workers' Compensation for a work-connected injury or disability?		*		SUPP DD
25. Are you required to make or do you owe court-ordered child support payments?				Wage Pend
26. Last employer you worked for before filing this claim <i>(regardless of state, type of work, or length of job)</i> Company's Name _____				BC-EMPLOYER INFO
				Employer No.
Mailing Address (No., Street, Apt., P.O. Box, City)		State	ZIP	Send Notice
27. Last Day of Work Before Filing This Claim		Employer's Phone No.		BP ERS
Month	Day	Year		

28. Since working for the employer shown above, have you worked for anyone else? Yes No

Why are you no longer working for your last employer? *(Check [x] the box which applies and write the reason in the space provided)*

(40) 29. I was laid off due to a lack of work or a reduction in force.

(10) 30. I quit my job because: _____

(20) 31. I was discharged because: _____

(21) 32. Military discharge.

(45) 33. I am still working part-time.

(30) 34. My employer and a union(s) are involved in a labor dispute.
(If this box is checked, the claims taker will complete LD-1003)

35. How long did you work for your last employer?	BD-INTERVENING EMP
	LOC Code
36. How many employers have you worked for in the last three years? _____	ER ATT

37. PRIVACY ACT INFORMATION AND CLAIM CERTIFICATION *(read, but do not sign until told to do so)*

A. PRIVACY ACT INFORMATION

For Privacy Act information and Confidentiality information, see "A Guide to Arizona Benefits" (PAU-007-M).

B. CERTIFICATION

I certify that I am not working or that I am working on a part-time or reduced earning basis. I am not seeking insurance under another state or federal unemployment insurance system. I have not applied for and I am not receiving a subsistence allowance for vocational rehabilitation training or a war orphans' educational assistance allowance from the Veterans' Administration. I further certify that the statements made hereon for the purpose of obtaining unemployment insurance under the Employment Security Law of Arizona are true and correct to the best of my knowledge and belief.

I KNOW THAT THE LAW PROVIDES PENALTIES FOR FALSE STATEMENTS IN CONNECTION WITH THIS CLAIM.

38. Claimant's Signature _____	39. Deputy's Surname _____
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Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. To request this document in alternative format or for further information about this policy, Contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.