

ARIZONA INITIAL CLAIM FOR UNEMPLOYMENT INSURANCE

INITIAL INFORMATION

Social Security Number: _____ Date: _____

Primary Phone: _____ Alternate Phone: _____

The **Address Confidentiality Program** conceals the address of individuals that are victims of domestic violence. To be enrolled in the Address Confidentiality Program an individual must have applied with the office of the Secretary of State and received an approval letter.

Are you currently enrolled in the AZ Address Confidentiality Program? Yes No

If Yes, you will be contacted by the Client Advocate office at the number you listed above. **Please do not complete any additional information other than your signature at the end of this application form.**

					DO NOT COMPLETE SHADED AREAS FOR OFFICIAL USE ONLY
Last Name		First Name		Middle Initial	
Mailing Address (No., Street, Apt., P.O. Box)			City	State	ZIP
Residential Address (If different from mailing address)			City	State	ZIP
E-MAIL Address (Optional but Encouraged)		Do you have an AZ Driver's License or State issued ID? Yes No		If yes, provide AZ Driver's License/ State ID Number	
Gender	Race	Ethnicity	Language	Deputy No.	
Birthdate		Provide a brief description of your primary occupation			BE
Month	Day	Year			
Other names or SSN you have used in the last two (2) years					RES FIPS
Are you a veteran of the U.S. Military? Yes No Other eligible veteran status					Commuter
What is the highest grade of school completed? Grade _____ GED HS Diploma VO-Tech Associate Degree Bachelors Masters Doctorate					BB-CLAIM INFO
Is your unemployment due to coronavirus 2019 (COVID-19)? Yes No					
I certify that I am not receiving compensation under the Unemployment Compensation laws of Canada. Yes No					
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

(Please complete all 3 pages of this application)

*Selecting this answer may result in a request for further information from the department.			YES	NO	Effective Date
Are you a citizen of the United States?				*	
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
Are you disabled?			*		LO
Is there any reason you could not accept work right now?			*		
Are you self employed, or do you own or operate a business including a farm?			*		
Are you a corporate officer?			*		
Are you working on a commission basis?			*		
Did you work for a school or a head start employer during the last 18 months?			*		
Do you obtain work only through a hiring hall of a union and are you on the out of work list?			*		
Are you attending school?			*		
In the past 12 months, have you filed an unemployment insurance claim in any state?			*		
In the past 18 months have you been in the military service?			*		Disability Date
In the past 18 months have you worked in federal civilian service?			*		Non-SEP Issues
In the past 18 months have you worked in another state?			*		JS REQ
Have you received or will you receive vacation, holiday, unused sick pay or severance pay?			*		ERI
Are you receiving or have you applied for retirement benefits or any other type of retirement, pension/annuity benefits? (Social Security benefits are not applicable).			*		Phone Filing
Have you refused a job offer or referral to work since becoming unemployed?			*		CWC
Since becoming unemployed have you received Workers' Compensation for a work-connected injury or disability?			*		SUPP DD
Last employer you worked for before filing this claim (regardless of state, type of work, or length of job)				BC-EMPLOYER INFO	
Company's Name _____					
Mailing Address (No., Street, Apt., P.O. Box, City)			State	ZIP	Send Notice
Last Day of Work Before Filing This Claim			Employer's Phone No.		BP ERS
Month	Day	Year			
How long did you work for your last employer _____				BD-INTERVENING EMP	

(Please complete all 3 pages of this application)

	YES	NO	LOC Code
Will this employer recall you?			
Why are you no longer working for your last employer? (Check [x] the box which applies and write the reason in the space provided, if applicable.)			
I was laid off due to a lack of work or a reduction in force.			ER ATT
I quit my job because: _____			
I was discharged because: _____			
Military discharge.			
I am still working part-time.			
My employer and a union(s) are involved in a labor dispute. <i>(If this box is checked, the claims taker will complete LD-1003)</i>			
How many employers have you worked for in the last three years? _____			

IDENTIFICATION, PRIVACY ACT INFORMATION AND CLAIM CERTIFICATION

A. IDENTIFICATION

Please include with your application a clear photograph of a valid government-issued photo identification of yours. Examples of acceptable photo identification include: a state issued driver's license or identification card, certificate of US naturalization, a Permanent Resident Alien card, a valid passport, or military identification. Someone from the Department will contact you to verify your identity prior to you receiving any Unemployment Insurance benefits.

B. PRIVACY ACT INFORMATION

For Privacy Act information and Confidentiality information, see "A Guide to Arizona Benefits". Which can be accessed on the Internet at www.azui.com.

C. 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.

Claimant's Signature _____	Date _____
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When completed, fax to: 602-364-1210 or 602-364-1211 (Phoenix) 520-770-3357 or 520-770-3358 (Tucson)
or

Mail to: Department of Economic Security
Unemployment Insurance Administration
MD 5895
PO Box 29225
Phoenix AZ 85038-9225