

ARIZONA INITIAL CLAIM FOR UNEMPLOYMENT INSURANCE

PRINT ONLY							DO NOT COMPLETE SHADED AREAS FOR OFFICIAL USE ONLY
1. Social Security Number (SSN) _____		2. Last Name _____					Verified SSN
		First Name _____			Middle Initial _____		
3. Mailing Address (No., Street, Apt., P.O. Box) _____			City _____	State _____	ZIP _____		
4. Residential Address (If different from mailing address) _____			City _____	State _____	ZIP _____		
5. E-MAIL Address (Optional but Encouraged) _____			6. Phone No. _____		7. Secondary Phone No. (Optional) _____		BA-CLMT INFO
8. Gender _____	9. Race _____		10. Ethnicity _____		11. Language _____		Deputy No. _____
12. Birthdate Month _____ Day _____ Year _____		13. Provide a brief description of your primary occupation _____					BE
14. Other names or SSN you have used in the last two (2) years _____							RES FIPS _____
15. Are you a veteran of the U.S. Military? Yes No Other eligible veteran status _____							Commuter _____
16. What is the highest grade of school completed? Grade _____ GED HS Diploma VO-Tech Associate Degree Bachelors Masters Doctorate							BB-CLAIM INFO
17. Is your unemployment due to coronavirus 2019 (COVID-19)? Yes No							
18. 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
*Selecting this answer may result in a request for further information from the department.					YES	NO	Effective Date _____
19. Are you a citizen of the United States?					*		
20. 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 _____
21. Are you disabled? (Exposure to COVID-19 is not considered a disability that would limit your ability to work.)					*		LO
22. Is there any reason you could not accept work right now? (You are able to select "No" if you intend to return to your employer after a temporary shutdown due to COVID-19 or if you could accept work suitable to the circumstances you are facing due to COVID-19)					*		
23. Are you attending school?							
24. In the past 12 months, have you filed an unemployment insurance claim in any state?					*		Type _____
25. In the past 18 months have you been in the military service?					*		Disability Date _____

(Please complete all 3 pages of this application)

See page 3 for EOE/ADA disclosures

26. In the past 18 months have you worked in federal civilian service?			*		Non-SEP Issues
27. In the past 18 months have you worked in another state?			*		JS REQ
28. Have you received or will you receive vacation, holiday, unused sick pay or severance pay?			*		ERI
29. 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
30. Have you refused work or referral to work since becoming unemployed? <i>(You are able to select "No" if you were made a job offer that puts you at risk of exposure to COVID-19 or plan to return to your employer when operations resume.)</i>			*		CWC
31. Since becoming unemployed have you received Workers' Compensation for a work-connected injury or disability?			*		SUPP DD
32. 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 <i>(No., Street, Apt., P.O. Box, City)</i>			State	ZIP	Send Notice
33. Last Day of Work Before Filing This Claim		Employer's Phone No.			BP ERS
Month	Day	Year			
34. How long did you work for your last employer _____					BD-INTERVENING EMP
35. Why are you no longer working for your last employer? <i>(Check [x] the box which applies and write the reason in the space provided, if applicable.)</i>					LOC Code
36. I was laid off due to a lack of work or a reduction in force.					ER ATT
37. I quit my job because: _____					
38. I was discharged because: _____					
39. Military discharge.					
40. I am still working part-time.					
41 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>					
42. How many employers have you worked for in the last three years? _____					

43. PRIVACY ACT INFORMATION AND CLAIM CERTIFICATION *(read completely before signing)*

A. 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.

(Please complete all 3 pages of this application)

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.

44. Claimant's Signature _____	44. 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