

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.**

PRINT ONLY				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 _____	Verified SSN
Residential Address (If different from mailing address) _____	City _____	State _____	ZIP _____	
Provide the county where you live _____				
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 _____		BA-CLMT INFO
Gender _____	Race _____	Ethnicity _____	Primary Language _____	Deputy No. _____
Birthdate				BE
Month _____	Day _____	Year _____		
Other names or SSN you have used in the last two (2) years _____				RES FIPS _____
What is the highest grade of school completed? Grade _____ GED HS Diploma VO-Tech Associate Degree Bachelors Masters Doctorate				Commuter _____
Are you a citizen of the United States? Yes * No				BB-CLAIM INFO _____
If not a citizen, were you legally authorized to work in the United States during the past 18 months? Yes * No If Yes, Permit No. _____ Expiration Date: _____				Claim Type N A R
*Selecting this answer may result in a request for further information from the department.			YES	NO
In the past 18 months have you worked in another state? If yes, indicate state _____				
In the past 12 months, have you filed an unemployment insurance claim from any state other than Arizona?				File Date _____

(Please complete all 3 pages of this application)

See page 4 for EOE/ADA disclosures

*Selecting this answer may result in a request for further information from the department.			YES	NO	LO
Are you disabled? (Do you have a physical condition or disability that would limit your ability to work)			*		
Is there any reason you could not accept work right now?			*		Type
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?			*		Disability Date
Did you work for a school or a head start employer during the last 18 months?			*		Non-SEP Issues
Are you attending or currently enrolled in school?			*		JS REQ
Do you obtain work only through a hiring hall of a union and are you on the out of work list? If yes, local union number _____			*		ERI
Have you refused a job offer or referral to work since becoming unemployed?			*		Phone Filing
Have you received/or are you expecting payment of unused vacation , holiday, sick pay, or severance pay? Hourly rate of pay _____ , hours _____ ?			*		CWC
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).			*		SUPP DD
Since becoming unemployed have you received Workers' Compensation for a work-connected injury or disability?			*		BC-EMPLOYER INFO
Unemployment insurance benefits are taxable. Please select one of the following options: Do not withhold taxes Withhold federal taxes Withhold federal and state taxes					Employer No.
Are you a veteran of the U.S. Military? Yes No Other eligible veteran status					Send Notice
In the past 18 months have you been in the military service?			*		BP ERS
In the past 18 months have you worked in federal civilian service?			*		BD-INTERVENING EMP
LAST EMPLOYER INFORMATION					
Last employer you worked for before filing this claim (regardless of state, type of work, or length of job) Refer to your pay stub to provide the correct employer information Company's Name _____					LOC Code
Mailing Address (No., Street, Apt., P.O. Box, City)		State	ZIP		ER ATT
Will this employer recall you?					
Last Day of Work Before Filing This Claim			Employer's Phone No.		
Month	Day	Year			

(Please complete all 3 pages of this application)

LAST EMPLOYER INFORMATION			
Provide a brief description of your former job title or occupation			
How long did you work for your last employer _____			
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.			
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? _____			

43. IDENTIFICATION, PRIVACY ACT INFORMATION AND CLAIM CERTIFICATION
IMPORTANT INFORMATION

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.

Handwritten Signature Required	
Claimant's Signature _____	Date _____

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

Email: uicclaimdocs@azdes.gov

Equal Opportunity Employer / Program • 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 • Disponible en español en línea o en la oficina local.