

WORK HISTORY

Claimant's Name (*Last, First, M.I.*) _____ SOC.SEC.NO. _____

PLEASE LIST BELOW ALL WORK YOU HAVE HAD FOR THE PAST TWO (2) YEARS. If you are not sure of the exact dates and amount of earnings, approximate as closely as you can. The information you give will assist us in determining what type of unemployment insurance claim you should file. Ask for another form if more space is needed.

Employer #1

Last Employer's Name _____ Dates Worked From: _____ To: _____

Payroll Address (*No., Street*) _____

City _____ State _____ ZIP Code _____

Work Address _____ State _____

Type of Work _____ Earning Before Deductions \$ _____ Hr Wk Mo

Reason for Separation Laid Off Quit Discharged Still Working Part-Time

If Quit or Discharged, Please Explain: _____

Employer #2

Last Employer's Name _____ Dates Worked From: _____ To: _____

Payroll Address (*No., Street*) _____

City _____ State _____ ZIP Code _____

Work Address _____ State _____

Type of Work _____ Earning Before Deductions \$ _____ Hr Wk Mo

Reason for Separation Laid Off Quit Discharged Still Working Part-Time

If Quit or Discharged, Please Explain: _____

Employer #3

Last Employer's Name _____ Dates Worked From: _____ To: _____

Payroll Address (*No., Street*) _____

City _____ State _____ ZIP Code _____

Work Address _____ State _____

Type of Work _____ Earning Before Deductions \$ _____ Hr Wk Mo

Reason for Separation Laid Off Quit Discharged Still Working Part-Time

If Quit or Discharged, Please Explain: _____

Employer #4

Last Employer's Name _____ Dates Worked From: _____ To: _____

Payroll Address (*No., Street*) _____

City _____ State _____ ZIP Code _____

Work Address _____ State _____

Type of Work _____ Earning Before Deductions \$ _____ Hr Wk Mo

Reason for Separation Laid Off Quit Discharged Still Working Part-Time

If Quit or Discharged, Please Explain: _____

See reverse for additional information.

I certify that the information given is correct to the best of my knowledge.

Claimant's Signature _____ Date _____

AREA FOR OFFICIAL USE ONLY *(Deputy completes for CWC with UCFE wages)*

Is address based on form SF-8? Yes No If no, was an SF-8 issued? Yes No

Was claimant a regular full-time employee? Yes No

Payroll Address (No., Street) _____

City _____ State _____ ZIP Code _____

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.