



Unemployment Insurance Claim Application

You must answer all items / sections marked with an asterisk (*). (Please Print or Type)

Claimant Information <i>Enter your full name as it appears on your Social Security card.</i>	
Claimant ID: _____	OR *SSN: _____ / _____ / _____
*First Name: _____	MI: _____ *Last Name: _____
*Date of Birth: (mm/dd/yyyy) _____ / _____ / _____	
E-Mail Address: _____	
Identification: (Check one and provide information)	
<input type="checkbox"/> Driver's License	Driver's License Number: _____ State: _____
<input type="checkbox"/> State ID	State ID Number: _____ State: _____
<input type="checkbox"/> Other (specify) _____	
Screening	
*Are you on break from school, attending school or enrolled in a training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Did you receive or will you receive Holiday Pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Are you receiving or have you applied for Worker's Compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Have you been self-employed or an independent contractor since your last day of work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Did you receive or will you receive plant shutdown / vacation pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Are you receiving or have you applied for Railroad Unemployment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Have you refused any offers of work since your last day of work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Are you receiving or have you applied for a pension?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you make contributions to your pension fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Have you filed a claim in another state in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in which city and state: _____	When did you file? _____
*Did you work outside the state of Illinois during the last 18 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in which state(s): _____	
*Did you work for an employer who has been certified for Trade Readjustment Allowance, (TRA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, ask for TRA Application.</i>	
*Do you get work through a Union Local hiring hall? <input type="checkbox"/> Yes <input type="checkbox"/> No	*If yes, are you a member in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Union Local/District #: _____	Union Name: _____ City: _____ State: _____
*Do you have a definite return to work date? <input type="checkbox"/> Yes <input type="checkbox"/> No	*If yes, provide the date: (mm/dd/yyyy) _____ / _____ / _____
*What is your usual occupation? _____	(Office Use Only) Occupational Code: _____
*What was your last day worked? (mm/dd/yyyy) _____ / _____ / _____	*What were your gross wages during the week of your last day worked? \$ _____
(Office use only) BYB: _____ DOC: _____ Rev By: _____ Entered By: _____	
Filing Method: <input type="checkbox"/> In Person <input type="checkbox"/> Phone	Identity verified using: <input type="checkbox"/> Key Identifiers (phone) <input type="checkbox"/> Soc. Sec. Card
	<input type="checkbox"/> Driver's License <input type="checkbox"/> Other: _____
Program: <input type="checkbox"/> UI <input type="checkbox"/> CWC <input type="checkbox"/> TRA <input type="checkbox"/> EUC <input type="checkbox"/> EB <input type="checkbox"/> UCX <input type="checkbox"/> UCFE <input type="checkbox"/> EEO	
Attachments: <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> Alien ID <input type="checkbox"/> DD-214 <input type="checkbox"/> Other: _____	
Additional Information: _____	

ID or SSN: _____ Last Name: _____

Mailing Address

*Country: (Check one) U.S. (Includes U.S. Territories) Canada Other _____

In Care of: _____

*Address: _____ *Apt / Unit#: _____

*City: _____ *State: _____ *Zip Code: _____ + _____ *County: _____

Primary Telephone: (_____) _____ - _____ Secondary Telephone: (_____) _____ - _____

*P.O. Box? Yes No *If yes, provide the reason your mail is to be sent to a P.O. Box.

Residential Address (A Residential Address must be provided if you are using a P.O. Box or are living at an address that is different than your Mailing Address)

*Do you have a residential address that is different than your mailing address? Yes No
(If no, skip to Border State)

*Country: (Check one) U.S. (Includes U.S. Territories) Canada Other _____

In Care of: _____

*Address: _____ *Apt / Unit#: _____

*City: _____ *State: _____ *Zip Code: _____ + _____ *County: _____

Office Use Only: Retire this address in favor of mailing record? Yes No

Border State Wisconsin, Indiana, Kentucky, Missouri, and Iowa (If you do not live in a Border State, skip to Tax Information)

*Have you performed work in Illinois at any time during the last 18 months while living in a border state? Yes No

*Do you plan on looking for work in IL? Yes No

*Are you temporarily laid off for 10 weeks or less from an Illinois employer? Yes No

Tax Information (Illinois residents only)

*I elect to have Federal Income Tax withheld from my gross Unemployment Insurance Benefit payments in the amount of 10 % Yes No

*I elect to have Illinois State Income Tax withheld from my gross Unemployment Insurance Benefit payments in the amount of 4.95% Yes No

Citizenship

*Are you a citizen of the United States? Yes No (If yes, skip to the General Information Area)

*Are you authorized to work in the United States? Yes No

*Alien Registration Number: _____ *Entrance Date _____ / _____ / _____

*Expiration Date: _____ / _____ / _____ *Document Type: _____

Office Use Only: Initial Verification with Homeland Security Yes No Secondary verification required Yes No

Homeland Security Information Validated Yes No Homeland Security Verification Number: _____

General Information (Check one in each section unless otherwise indicated)

- *Language: (Preference)
- English
 - Spanish
 - Polish
 - Cantonese
 - Vietnamese
 - Arabic
 - Russian
 - Hindi
 - Mandarin
 - Bosnian/Serbian/Croatian
 - Italian
 - Korean
 - Portuguese
 - Tagalog
 - Sign Language
 - German
 - TTY
 - Other _____

*Disability: Yes No Prefer not to answer

*Gender: Male Female Prefer not to answer

*Ethnicity: Hispanic or Latino
 Not Hispanic or Latino
 Prefer not to answer

ID or SSN: _____

Last Name: _____

***Dependent Type:** (check all that apply) Spouse Dependent Under 18
 None Dependent 18 or older (and unable to work due to illness/disability)

***Race:** (check all that apply) White Black/African American American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander Asian Prefer not to answer

***Education** Provide the highest level of education by checking one:
 00 (no school grade completed) 1 2 3
 4 5 6 7 8 9 10 11
 12 (completed, did not graduate)
 GED H.S. Diploma
 1st Yr College, Tech. or Voc. School
 Vocational/Technical Degree or Certificate
 2nd Yr College, Tech. or Voc. School
 Associates Degree
 3 yrs College, Tech. or Voc. School
 Bachelor's Degree or Equivalent
 Education Beyond Bachelor's Master's MD-Doctor of Medicine
 Doctorate JD-Doctor of Law

Do you believe that you are a Seasonal Farmworker/Migrant after reading the definitions?
(If you selected Yes, ask for a Supplemental Form. If No, skip to the next question). Yes No

Definitions:

Certain types of seasonal agricultural work may qualify workers for additional services.
Seasonal means temporary jobs which last less than one year, excluding job termination.

Note: Agricultural work is defined as having worked in the farming of cash grain crops, vegetable crops, or fruits and nuts.

The following may qualify as seasonal agricultural work: working in a nursery or green house; livestock farming; working in hatcheries; crop harvesting; or crop preparation.

Grass mowing, tree trimming, and sod growing do not qualify as agricultural work.

Migrant food processing includes working in canneries or packing sheds. It does not include working in places like Frito-Lay, fruit stands, Quaker Oats, or similar establishments. Work in any food processing plant must have been both seasonal AND migrant. (The worker was provided housing as he/she was unable to commute to his/her permanent residence on a daily basis).

*Are you the spouse or other family caregiver of a wounded, ill, or injured service member ? Yes No

***Veteran Information** Have you served on active duty on the U.S. Armed Forces for more than 180 days NOT including training for the National Guard or Reserves, and were issued a DD214? Yes No

*Are you a spouse of a Veteran injured, disabled or killed in the line of duty? Yes No
(If you selected Yes to either question, ask for a Supplemental Veterans Form. If you selected No to both questions, skip to Payment Method).

*Branch of Service _____ *Start Date ____ / ____ / ____ *End Date ____ / ____ / ____

*Was your discharge Dishonorable? Yes No

***Payment Method Information** (Check one) Direct Deposit (Request an Authorization Form) Debit Card

Note: If you choose Direct Deposit, payment will be made by Debit Card until your Direct Deposit request is Authorized.

ID or SSN:

Last Name:

Dependent Detail (If you do not wish to claim dependents skip to Employment History)

*Dependent Type: **Child** (Include natural children, stepchildren, legally adopted children and children of whom you have court ordered custody).
Do you have children under the age of eighteen **OR** an older child who was unable to work during the past 90 days due to an illness or disability?
 Yes No (If no, skip to Dependent Type: Spouse)

*Number of Dependent Children Under 18: _____ (Provide the name, SSN and birth date starting with your **youngest** child)

*First Name	MI	*Last Name	SSN	*Date of Birth

If you have more than two dependent children under 18, request Dependent Listing Form.

*Dependent Child 18 or Older with Illness / Disability: (Provide the name, SSN, and birth date of your Dependent Child 18 or Older)

*First Name	MI	*Last Name	SSN	*Date of Birth

Children

*What is the illness or disability?

If you have more dependent children 18 or older with illness or disability, request Dependent Listing Form.

1a) *Do you and the children's other parent live in the same household? (If no, skip to question 2) Yes No

1b) *Did you and your spouse together provide more than 50% of the support of the children during the past 90 days and did you provide at least 25% of that support? Yes No

2) *If you and the children's other parent do not live in the same household, did you furnish more than 50% of the support for the children during the past 90 days? Yes No

3) *Within the past 12 months, up to today, has anyone else claimed any of your children on an Illinois Unemployment Insurance Claim? Yes No

If Yes, what is the name and SSN of the person claiming the dependent child/children?

*Name: _____ *SSN: _____ - _____ - _____

Spouse

*Dependent Type: **Spouse (or civil union partner)** *SSN: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

*First Name: _____ MI: _____ *Last Name: _____

*Within the past 18 months did your spouse work in Illinois? Yes No

*For the 90 consecutive days before this claim, did you furnish more than 50% of the cost of support for your lawful spouse? Yes No

ID or SSN:

Last Name:

Employment History List where you have worked during the past 18 months. (Start with your most recent job.)
If you worked for a Temporary Agency, provide the name, address, and phone # of the Agency.

*Employer Name: _____

*Address: _____

*City: _____ *State: _____ *Zip _____ *Company Phone #: (____) _____ - _____

*For this period of employment, what date did you start? ____/____/____ *Last date worked: ____/____/____

Total # of days worked: _____ Typically, how many days in a week did you work for this employer? _____

Other Last Name worked under _____ *In what state(s) was your work performed? ____/____/____/____

*Why are you no longer working for this employer? (check one) Laid-Off (Lack of Work) Discharged (Fired)
 Quit Strike / Lockout / Labor Dispute (Ask for LD Questionnaire) Still Working (Part Time) Military Discharge

If you worked for a Temporary Agency provide the name of the employer you worked for or were assigned to.

Employer Name: _____

*What was your most recent job title: _____

If you have other employers in the past 18 months, list below. If none, skip to Claimant Certification.

(Office Use Only) UI Acct#: LEU BCE LAG *How many weeks OWBA: _____

*Employer Name: _____

*Address: _____

*City: _____ *State: _____ *Zip _____ *Company Phone #: (____) _____ - _____

*For this period of employment, what date did you start? ____/____/____ *Last date worked: ____/____/____

Total # of days worked: _____ Typically, how many days in a week did you work for this employer? _____

Other Last Name worked under _____ *In what state(s) was your work performed? ____/____/____/____

*Why are you no longer working for this employer? (check one) Laid-Off (Lack of Work) Discharged (Fired)
 Quit Strike / Lockout / Labor Dispute (Ask for LD Questionnaire) Still Working (Part Time) Military Discharge

If you worked for a Temporary Agency provide the name of the employer you worked for or were assigned to.

Employer Name: _____

(Office Use Only) UI Acct#: LEU BCE LAG *How many weeks OWBA: _____

If you need to list more employers, request the Work History Form.

Claimant Certification - Please Read Carefully

I hereby file a claim for unemployment insurance benefits. I certify that the information for my benefit claim, including the status of my dependents, is true and correct to the best of my knowledge and belief. I am aware that the law prescribes penalties of fine and imprisonment for making false statements to obtain benefits, including dependent allowance. I understand that the information submitted by me may be verified through computer matching programs and will be used by other Federal, State, or Local Agencies and that information submitted by me to these agencies will be used by IDES in determining my eligibility and amount of unemployment benefits. I also understand that, pursuant to Section 1900 of the Unemployment Insurance Act, any information that I provide to the Department of Employment Security in connection with the claim may be shared with my former employers or their representatives.

I understand that, unless I am exempt, registration for work with the Illinois Employment Service is a requirement to be eligible for Unemployment Insurance Benefits under Section 500A of the Illinois Unemployment Insurance Act; unemployment insurance benefits will not be paid until I complete my registration; and registration can be completed by visiting www.IllinoisJobLink.com.

*CLAIMANT SIGNATURE: _____ *DATE: ____/____/____