



OFFICIAL USE ONLY – BYE:

Last Name:		First Name:	Middle Initial	Social Security Number:
Mailing Address (Street # or PO Box #):				
City		State	Zip Code	Telephone Number:
E-mail Address:			Message, Cell or Work Telephone Number:	

Have you worked outside the state of Washington in the last 2 years? Yes No

Have you worked since you last claimed unemployment benefits? Yes No

Have you applied for unemployment benefits anywhere in the U.S. or Canada in the last 12 months? Yes No
If yes, what state(s)? _____

Are you disabled as defined in Title II of the Americans With Disabilities Act (ADA) of 1990? Yes No

Are you a US citizen or American National? Yes No If no, do you have satisfactory immigration status? Yes No

If you have satisfactory immigration status, provide the following:

Alien Number: _____ Expiration Date: _____

Have you been unable to work in the last 12 months because of a non work-related injury? Yes No

If yes, provide the dates: From: _____ To: _____

Have you applied for or received time loss or worker's compensation in the last 12 months? Yes No

If yes, provide the following: Case number: _____ From: _____ To: _____

Are you presently enrolled or do you plan to enroll in school or a training program? Yes No

If Yes, planned date of enrollment? _____

Is there any reason you cannot seek or accept full-time work? Yes No

Unemployment benefits are taxable income. Do you want 10 percent of your weekly benefit amount deducted for federal income tax purposes? Yes No

WORK HISTORY: Please complete your work history for the past **two years**. Include all jobs, in this state or other states, military service or work as a federal civilian employee during that time. (Write down additional work history on the reverse side. Use additional sheets if necessary.) **List your most recent employer first.**

Most Recent Employer Name:				
Mailing Address (Street # or PO Box #)		City:	State:	Zip Code:
Date Job Began:	Date Job Ended:	Total Gross Earnings for this Employer:		
Total Gross Earnings: \$ _____ per <input type="checkbox"/> week or <input type="checkbox"/> month	Total Hours Worked: _____ per <input type="checkbox"/> week or <input type="checkbox"/> month	Pay Rate? \$ _____ per <input type="checkbox"/> week or <input type="checkbox"/> month		
Job Location:		Job Title:		
Are you receiving a pension from this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, monthly amount before deductions? \$ _____		Effective date: _____
Reason no longer employed (check one):				
<input type="checkbox"/> Lack of Work	<input type="checkbox"/> Quit	<input type="checkbox"/> Fired	<input type="checkbox"/> Strike	<input type="checkbox"/> Still Employed <input type="checkbox"/> Other (If "Other", explain below):

I request a decision of Emergency Unemployment Compensation (EUC) potentially payable to me by the state of Washington. I understand that if I qualify for a regular Washington claim, you will use the information I provide on this application to set up that claim. I certify the information I have provided on this form is accurate.

Signature

Date

Name: _____ Social Security Number: _____

Additional Work History

Next Employer Name:			
Mailing Address (Street # or PO Box #)		City:	State: Zip Code:
Date Job Began:	Date Job Ended:	Total Gross Earnings for this Employer:	
Total Gross Earnings: \$ _____ per <input type="checkbox"/> week or <input type="checkbox"/> month	Total Hours Worked: _____ per <input type="checkbox"/> week or <input type="checkbox"/> month	Pay Rate? \$ _____ per <input type="checkbox"/> week or <input type="checkbox"/> month	
Job Location:		Job Title:	
Are you receiving a pension from this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, monthly amount before deductions? \$ _____	Effective date: _____
Reason no longer employed (check one): <input type="checkbox"/> Lack of Work <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Strike <input type="checkbox"/> Still Employed <input type="checkbox"/> Other (If "Other", explain below): _____			
Next Employer Name:			
Mailing Address (Street # or PO Box #)		City:	State: Zip Code:
Date Job Began:	Date Job Ended:	Total Gross Earnings for this Employer:	
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Mail to: **Employment Security Department**
Attn: EUC Unit
P.O. Box 9046
Olympia, WA 98507-9046