

VERMONT DEPARTMENT OF LABOR

P.O. Box 189, Montpelier, VT 05601-0189

APPLICATION FOR UNEMPLOYMENT INSURANCE

Please print clearly to avoid delays in processing.

NAME (LAST, FIRST, MIDDLE INITIAL)			SSN	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DIRECT DEPOSIT INFORMATION Bank Routing Number (9 digits)
STREET ADDRESS, P.O. BOX, ETC.			VT. DRIVER'S LICENSE NO.		Account Number (up to 17 digits)
CITY	STATE	ZIP	TELEPHONE NUMBER ()	BIRTHDATE Mo/Day/Yr	Type of Account Checking <input type="checkbox"/> Savings <input type="checkbox"/>

EMPLOYMENT HISTORY PAST 18 MONTHS	START DATE	END DATE	REASON FOR FILING	IF APPLICABLE, RETURN TO WORK DATE
LAST OR CURRENT EMPLOYER (NAME & MAIL ADDRESS)	MO/DAY/YR	MO/DAY/YR	<input type="checkbox"/> QUIT <input type="checkbox"/> LAID OFF <input type="checkbox"/> FIRED <input type="checkbox"/> WORKING PART-TIME	MO/DAY/YR
LAST OR CURRENT EMPLOYER (NAME & MAIL ADDRESS)	MO/DAY/YR	MO/DAY/YR	<input type="checkbox"/> QUIT <input type="checkbox"/> LAID OFF <input type="checkbox"/> FIRED <input type="checkbox"/> WORKING PART-TIME	MO/DAY/YR
LAST OR CURRENT EMPLOYER (NAME & MAIL ADDRESS)	MO/DAY/YR	MO/DAY/YR	<input type="checkbox"/> QUIT <input type="checkbox"/> LAID OFF <input type="checkbox"/> FIRED <input type="checkbox"/> WORKING PART-TIME	MO/DAY/YR
LAST OR CURRENT EMPLOYER (NAME & MAIL ADDRESS)	MO/DAY/YR	MO/DAY/YR	<input type="checkbox"/> QUIT <input type="checkbox"/> LAID OFF <input type="checkbox"/> FIRED <input type="checkbox"/> WORKING PART-TIME	MO/DAY/YR

U.S. CITIZEN? Yes No (If No, Permit No. _____)

Unemployment benefits is taxable income. Do you want State and Federal taxes subtracted from your unemployment benefits each week? Yes No

Are you a military service veteran? Yes No

You must report to the department receipt of the following types of money. Check all that you will or have received and provide the requested information.

<input type="checkbox"/> Vacation Pay \$ _____ # hours ____ # wks ____	<input type="checkbox"/> Wages in Lieu of Notice \$ _____ # hours ____ # wks ____	<input type="checkbox"/> Severance Pay \$ _____ # hours ____ # wks ____	<input type="checkbox"/> Pension \$ _____ <small>(Indicate only if you did not contribute to plan)</small>
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Workers' Compensation: Are you or will you receive it? Yes No Have you received it within the past six months? Yes No

Please specify which of the following have occurred within the past 18 months? Check all that apply.

Worked in another state (If Yes, what states _____) Served on active duty Worked for the Federal Government

Worked for a business you owned Related to the owner of business you worked for

Have you filed for any benefits in this or another state, including Canada within the past 12 months? If Yes, what state? _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you self-employed, attempting to become self-employed, working on a commission basis or engaged in any activities or hobbies from which you earn money?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently able and available to accept full-time work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you available for all shifts?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently attending or planning to attend school or training?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

I attest, under penalty of perjury, that all information provided on this form is true. I hereby register for work and claim benefits. I understand that, once filed, this claim cannot be withdrawn.

_____ Date _____

Claimant Signature **Date**

DEPARTMENT USE ONLY

New Add Reopen Effective Date: _____

Program: UI STC EB Fed Ext. Initial _____ Date _____

B-65 (1/09)