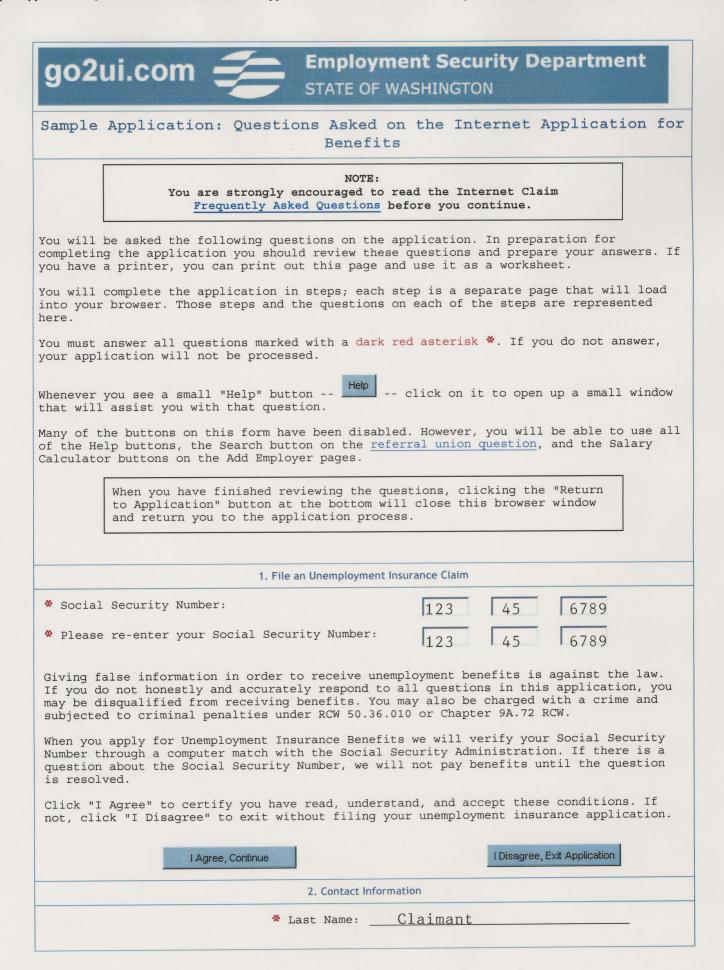
http://www.wa.gov/esd/ui/icapp/icsample/icsample.htm



http://www.wa.gov/esd/ui/icapp/icsample/icsample.htm

🏾 First Name:	Jennifer
MI:	<u>    I.     </u>
Previous Last Name (if used in last five years):	
🏶 Mailing Address:	123 Main Street
Additional Address (Apt#, Lot#, etc.):	
🏶 City:	Anytown
* State or Canada	Washington
🏾 ZIP	99500
🏾 Telephone: (including area code)	( <u>360</u> ) 444 4444
Email:	jen1@myisp.com
If we have a question about your unemployment insurance, do we have your permission to leave a message?	SELECT (Telephone only) (email only) (both)
3. Personal	Information (no)
Date of Birth: (mm dd yyyy) _	01 01 1960
* Gender	Female O Male
🎽 Highest Level of Education: 📮	Help
🏾 Ethnic:	Select
. Languaga Droforonga.	Help English
	Help Select
🌋 Are you disabled? 🗕	Help O Yes O No X Choose not to answer
If you are a veteran and you answer "y	es", an additional field will appear:
Do you have a service-connected of	disability?Select

	If you answer "no", two additional fields will appear:
	Were you legally entitled to work in the United States in the last 24 months? O Yes No
	Alien Registration Number: A
	Do you currently have an anti-harassment O Yes So No order issued for your protection?
	If you answer "yes", two additional fields will appear:
	Start Date (mm dd yyyy):
	<pre>* End Date (mm dd yyyy):</pre>
	4. Eligibility Information
🌞 H stat	ave you filed for Unemployment Benefits in any e other than Washington in the last 12 months? O Yes 🔇 No
	If you answer "yes", an additional field will appear:
	Select the state in which you filed:
	🏶 Do you get your work through a Union? 🔿 Yes 🔇 No
	If you answer "yes", a search button will appear. Click on it to locate your union.
	Search
	🏾 Are you receiving a Union Pension? 🌔 Yes 😵 No
	Are you receiving a Union Pension? O Yes So No If you answer "yes", two additional fields will appear:
	If you answer "yes", two additional fields will appear:
	If you answer "yes", two additional fields will appear:         Monthly Amount:       \$

	* Employer Name:
	Start Date (mm dd yyyy):
oto, In	employment benefits received are taxable for federal income tax purposes.
Do you	want the department to withhold 10% of your C Yes & No
If your o may be ei	claim is based entirely on part-time work of 17 or fewer hours each week, you ligible for benefits even if you are only looking for part-time work.
the one- [ date ] Note: show y	u work 17 or fewer hours each week during year period beginning [ date ] and ending ? These are dynamically created dates which rour base year. If you file your application in rent calendar quarter, these dates will change.
	igible to receive your unemployment benefits, you must be able to work, e for work, and actively seeking work.
Are yo program?	u currently enrolled in a school or training 🌔 Yes 🔇 No
[ date ] Note: 45 day	plan to enroll in school or training by ? This shows a dynamically created date which is s from today. If you file your application on a ent day from today, this date will change.
	If you answer "yes", an additional field will appear: Enter date you plan to enroll in school or training (mm dd yyyy):
🌣 Is the full-time	re any reason you cannot seek or accept O Yes 🗞 No e work?
	If you answer "yes", these additional fields will appear:
	Please check as many as apply: Medical, Self
	Medical, Other Family Member
	No Childcare
	No Transportation
	If Other, briefly explain:
	5. Employment History



## **Employment History**

You must provide employment details for all work you performed since **4/1/200**; including federal civilian employment and service in the U.S. Military. Work you performed for a regular employer must have been in the State of Washington. If you worked in another state, or worked in two or more states, you cannot file your claim over the Internet. Please call your closest <u>Unemployment Claims TeleCenter</u>.

The table below contains names of employers for whom you have worked. We have included additional employers for security purposes. Start by clicking "SELECT" for one employer for whom you have worked. You will be taken to an Employer Input Page where you will add some details for your job with this employer. Continue selecting your other employers in the same way. When all of your employers are displayed in the work history, click the check box for "My Work History is Complete", then "Click Here to Continue".

SELECT	Employer Name
SELECT	BALI HI MOTEL
SELECT	BETTER TATER FARMS INC
SELECT	BYRD COLUMBIA LLC
SELECT	COMMUNICATION WORKERS
SELECT	COUNTRY MANOR
SELECT	DAMAR MACHINE COMPANY
SELECT	DI PIETRO TRUCKING CO
SELECT	FX MCRORYS STEAK CHOP
SELECT	INTERNATIONAL LINE
SELECT	IZZYS PIZZA
SELECT	J S H FARMS INC
SELECT	LENNYS FRUITS
SELECT	MATTAWA IGA
SELECT	NORTH BOWL INC
SELECT	PENDO INC
SELECT	PHEASANT ORCHARDS
SELECT	RBE INC
SELECT	S W CENTERFOODS
SELECT	STUART A VENDELAND DDS
SELECT	SUNIS ON 99
SELECT	SUNIS PIZZA BURGER
SELECT	TACOMA LAWN TENNIS CLUB
SELECT	THE STALK EXCHANGE
SELECT	UNIVERSITY VW AUDI
SELECT	UNLIMITED MEDSTAFF OF WA

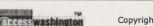
If you need to add one or more employers, click the appropriate button to add a regular Washington employer, a military employer, or a federal civilian employer. You will be taken to a search page where you will be able to locate and add employers. Adding an employer brings you back to this screen until you have added all your employers. When your work history is complete, click the check box for "My Work History is Complete", then "Click Here to Continue".

Add Washington Employment

Add U.S. Military Employment

Add Federal Civilian Employment

Click Here to Continue



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4a

	Washington Employment
Employer Name	Jill, Inc.
Mailing Address	1234 5th ST
Additional Address	
City	Anywhere -
State	Washington
Zip	99505
Telephone (including area code)	360 786 7134
Start Date (mm dd yyyy)	07 10 2004
End Date (mm dd yyyy) Help	09 09 2005
Estimated Gross Monthly Pay while	4300 00 Salary Calculator
Employed with this Employer Help	Click Hore to Colort
	Click Here to Select
	You Selected : Laid Off/Lack of Work
unemployment claim. The reason for	other of your employers are notified that you have filed an separation that you provided will appear on the form.
Have you applied for or are you receiving a Pension from this employer?	C Yes O No
Did you or will you be paid Holiday Pay from this employer for this week?	C Yes 💿 No
Did you or will you be paid Vacation Pay from this employer for this week?	O Yes O No
Do you have a definite return to work date with <i>this</i> employer <b>on or before</b> 07/23/2005? Help	C Yes  No
	Cancel Click Here to Continue

1

	Add Washington Employer	Add US Military Employment	Add Federal Civilian Employment
6. Primary Occupation			
After you finis	h selecting all of your employer	rs, you will be taken to a screen	where you can select your primary occupatio
time. The	occupation in which yo		d during a specific period of since [ <i>date</i> ] is called your
	ccupation". is is a dynamically created date	which marks the	
	g of your base year. If you file y rent calendar quarter, this date		
	utton. A window will o		ary occupation, then click the ible occupations. Click on the
Informatio	n is correct, click th		pation you chose. If all the ue" button. You will be taken t we need.
	t to begin another sea repeat the process de		cupation, click the "New Search

You will see a summary of all of the entries you've made on the application. You should check these over carefully for accuracy. If you find an error, you will be able to link back to the page and correct it.

At the end of the summary, you will see the following:

You are required to read and certify to these six items before your application will be accepted.

- 1. By submitting this Application for Service, I hereby register for work and/or request an initial determination of benefits potentially payable to me under the Washington Employment Security Act and/or Federal Unemployment Compensation Act.
- 2. I know that the law provides penalties for false statements made in connection with this claim. I certify under penalty of perjury that the information that I have provided on this application is accurate.
- 3. In accordance with the provisions of the Privacy Act of 1974, I authorize my former employer(s) to release all information requested in connection with my claim for unemployment compensation.
- 4. I am furnishing my Social Security Number as required by federal law as a condition of eligibility for benefits.
- 5. I understand that the Employment Security Department may share information about me with other agencies such as the US Internal Revenue Service and the state Department of Social and Health Services Office of Child Support, as required by federal law.
- 6. I understand I will receive an "Unemployment Claims Kit" in the mail and that I must read this booklet.

Print this Page

**Return to Application**