



Unemployment Insurance Claim Application

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

Claimant Information Enter your full name as it appears on your Social Security card.			
Claimant ID: 31	OR	*SSN: 050 / 29 / 1243	
*First Name: Jane	MI: J	*Last Name: Gibson	
*Date of Birth: (mm/dd/yyyy) 1992 / 04 / 12			
E-Mail Address: kellysmith@example.org			
Identification: (Check one and provide information)			
<input checked="" type="checkbox"/> Driver's License	Driver's License Number: D-55238920		State: Illinois
<input type="checkbox"/> State ID	State ID Number:		State: Illinois
<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
If yes, ask for TRA Application.			
*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: Rock Island	State: Illinois
*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:
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	Entered By:
		<input type="checkbox"/> Driver's License <input type="checkbox"/> Other:	
Program: <input checked="" 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 checked="" 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: 050-29-1243

Last Name: Gibson

Mailing Address*Country: (Check one) ☒ U.S. (Includes U.S. Territories) ☐ Canada ☐ Other

In Care of:

*Address: 5163 Marisa Stream Crawfordstad, AZ 70139 *Apt / Unit#:

*City: Rock Island *State: Illinois *Zip Code: 61204 + *County: Rock Island County

Primary Telephone: (648) 474 - 542 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: Unemployment Form

Office Use Only: Initial Verification with Homeland Security ☐ Yes ☐ No Secondary verification required ☐ Yes ☐ NoHomeland Security Information Validated ☐ Yes ☐ No Homeland Security Verification Number:**General Information** (Check one in each section unless otherwise indicated)*Language:
(Preference)

english

*Disability: ☐ Yes ☐ No ☐ Prefer not to answer

*Gender:

F

*Ethnicity:

none

ID or SSN: 050-29-1243

Last Name: Gibson

*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?

☐

Yes

☐

No

(If you selected Yes, ask for a Supplemental Form. If No, skip to the next question).

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: 050-29-1243

Last Name: Gibson

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

*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: - -

*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

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Last Name: Gibson

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: Lori Huynh

*Address: 41395 Luke Road Nicholshaven, AR 39555

*City: Rock Island

*State: Illinois

*Zip: 61204

*Company Phone #: (211) 046 - 692

*For this period of employment, what date did you start? 2020 / 08 / 10

*Last date worked: 2021 / 11 / 10

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)

☐ Quit ☐ Strike / Lockout / Labor Dispute (Ask for LD Questionnaire)☐ Laid-Off (Lack of Work)☐ Discharged (Fired)☐ 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)

☐ Quit ☐ Strike / Lockout / Labor Dispute (Ask for LD Questionnaire)☐ Laid-Off (Lack of Work)☐ Discharged (Fired)☐ 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: Jane

*DATE: 10 / 02 / 2022