

ARIZONA INITIAL CLAIM FOR UNEMPLOYMENT INSURANCE

INITIAL INFORMATION

Social Security Number: 548-08-3719 Date: 2022-02-10

Primary Phone: 940-746-058 Alternate Phone:

The **Address Confidentiality Program** conceals the address of individuals that are victims of domestic violence. To be enrolled in the Address Confidentiality Program an individual must have applied with the office of the Secretary of State and received an approval letter.

Are you currently enrolled in the AZ Address Confidentiality Program? ☐ Yes ☐ No

If Yes, you will be contacted by the Client Advocate office at the number you listed above. **Please do not complete any additional information other than your signature at the end of this application form.**

				DO NOT COMPLETE SHADED AREAS FOR OFFICIAL USE ONLY	
Last Name Darker		First Name Adam		Middle Initial J	
Mailing Address (No., Street, Apt., P.O. Box) 298 Stephen Circle Apt. 118 Peggyburgh, NM 01894		City Apache Junction	State Arizona	ZIP 85119	<input type="checkbox"/> Verified SSN
Residential Address (If different from mailing address)		City	State	ZIP	
E-MAIL Address (Optional but Encouraged) arthurleonard@galvan-browning.com		Do you have an AZ Driver's License or State issued ID? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide AZ Driver's License/ State ID Number M-35608567	BA-CLMT INFO
Gender F	Race Asian	Ethnicity none	Language english	Deputy No.	
Birthdate Month 09		Day 27	Year 1986	Provide a brief description of your primary occupation Research scientist (life sciences)	
Other names or SSN you have used in the last two (2) years					RES FIPS
Are you a veteran of the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other eligible veteran status					Commuter
What is the highest grade of school completed? Grade <input type="checkbox"/> GED <input type="checkbox"/> HS Diploma <input type="checkbox"/> VO-Tech <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate					BB-CLAIM INFO
Is your unemployment due to coronavirus 2019 (COVID-19)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
I certify that I am not receiving compensation under the Unemployment Compensation laws of Canada. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Unemployment insurance benefits are taxable. Please select one of the following options: <input type="checkbox"/> Do not withhold taxes <input type="checkbox"/> Withhold federal taxes <input type="checkbox"/> Withhold federal and state taxes					Claim Type N A R

(Please complete all 3 pages of this application)

<i>*Selecting this answer may result in a request for further information from the department.</i>			YES	NO	Effective Date
Are you a citizen of the United States?			<input type="checkbox"/>	* <input type="checkbox"/>	
If not a citizen, were you legally authorized to work in the United States during the past 18 months? <b>If Yes, Permit No.</b> _____			<input type="checkbox"/>	* <input type="checkbox"/>	File Date
Are you disabled?			* <input type="checkbox"/>	<input type="checkbox"/>	LO
Is there any reason you could not accept work right now?			* <input type="checkbox"/>	<input type="checkbox"/>	
Are you self employed, or do you own or operate a business including a farm?			* <input type="checkbox"/>	<input type="checkbox"/>	
Are you a corporate officer?			* <input type="checkbox"/>	<input type="checkbox"/>	
Are you working on a commission basis?			* <input type="checkbox"/>	<input type="checkbox"/>	
Did you work for a school or a head start employer during the last 18 months?			* <input type="checkbox"/>	<input type="checkbox"/>	
Do you obtain work only through a hiring hall of a union and are you on the out of work list?			* <input type="checkbox"/>	<input type="checkbox"/>	
Are you attending school?			* <input type="checkbox"/>	<input type="checkbox"/>	
In the past 12 months, have you filed an unemployment insurance claim in any state?			* <input type="checkbox"/>	<input type="checkbox"/>	Type
In the past 18 months have you been in the military service?			* <input type="checkbox"/>	<input type="checkbox"/>	Disability Date
In the past 18 months have you worked in federal civilian service?			* <input type="checkbox"/>	<input type="checkbox"/>	Non-SEP Issues
In the past 18 months have you worked in another state?			* <input type="checkbox"/>	<input type="checkbox"/>	JS REQ
Have you received or will you receive vacation, holiday, unused sick pay or severance pay?			* <input type="checkbox"/>	<input type="checkbox"/>	ERI
Are you receiving or have you applied for retirement benefits or any other type of retirement, pension/annuity benefits? (Social Security benefits are not applicable).			* <input type="checkbox"/>	<input type="checkbox"/>	Phone Filing
Have you refused a job offer or referral to work since becoming unemployed?			* <input type="checkbox"/>	<input type="checkbox"/>	CWC
Since becoming unemployed have you received Workers' Compensation for a work-connected injury or disability?			* <input type="checkbox"/>	<input type="checkbox"/>	SUPP DD
Last employer you worked for before filing this claim (regardless of state, type of work, or length of job)					BC-EMPLOYER INFO
Company's Name <u>Brittany Good</u>					Employer No.
Mailing Address (No., Street, Apt., P.O. Box, City) <u>934 Scott Station Apt. 675 New Andrewport, CT 82527</u>			State <u>Arizona</u>	ZIP <u>85119</u>	Send Notice
Last Day of Work Before Filing This Claim			Employer's Phone No.		BP ERS
Month <u>12</u>	Day <u>10</u>	Year <u>2021</u>	<u>137-482-133</u>		
How long did you work for your last employer _____					BD-INTERVENING EMP

(Please complete all 3 pages of this application)



	YES	NO	LOC Code
Will this employer recall you?	<input type="checkbox"/>	<input type="checkbox"/>	
Why are you no longer working for your last employer? (Check [x] the box which applies and write the reason in the space provided, if applicable.)			
<input type="checkbox"/> I was laid off due to a lack of work or a reduction in force.			ER ATT
<input type="checkbox"/> I quit my job because: _____			
<input type="checkbox"/> I was discharged because: _____			
<input type="checkbox"/> Military discharge.			
<input type="checkbox"/> I am still working part-time.			
<input type="checkbox"/> My employer and a union(s) are involved in a labor dispute. <i>(If this box is checked, the claims taker will complete LD-1003)</i>			
How many employers have you worked for in the last three years? _____			

IDENTIFICATION, PRIVACY ACT INFORMATION AND CLAIM CERTIFICATION

A. IDENTIFICATION

Please include with your application a clear photograph of a valid government-issued photo identification of yours. Examples of acceptable photo identification include: a state issued driver's license or identification card, certificate of US naturalization, a Permanent Resident Alien card, a valid passport, or military identification. Someone from the Department will contact you to verify your identity prior to you receiving any Unemployment Insurance benefits.

B. PRIVACY ACT INFORMATION

For Privacy Act information and Confidentiality information, see "A Guide to Arizona Benefits". Which can be accessed on the Internet at [www.azui.com](http://www.azui.com).

C. CERTIFICATION

I certify that I am not working or that I am working on a part-time or reduced earning basis. I am not seeking insurance under another state or federal unemployment insurance system. I have not applied for and I am not receiving a subsistence allowance for vocational rehabilitation training or a war orphans' educational assistance allowance from the Veterans' Administration. I further certify that the statements made hereon for the purpose of obtaining unemployment insurance under the Employment Security Law of Arizona are true and correct to the best of my knowledge and belief.

I KNOW THAT THE LAW PROVIDES PENALTIES FOR FALSE STATEMENTS IN CONNECTION WITH THIS CLAIM.

Claimant's Signature <u>Adam</u>	Date <u>2022-02-10</u>
----------------------------------	------------------------

When completed, fax to: 602-364-1210 or 602-364-1211 (Phoenix) 520-770-3357 or 520-770-3358 (Tucson)  
or

Mail to: Department of Economic Security  
Unemployment Insurance Administration  
MD 5895  
PO Box 29225  
Phoenix AZ 85038-9225

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities  
• To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD  
Services: 7-1-1 • Disponible en español en línea o en la oficina local.