

## Application for Unemployment Benefits and Employment Service

### Instructions

Before completing this application, read the section *Instructions for Completing Application for Unemployment Benefits and Employment Service (Form UI-1)* in the UB-10 booklet, which explains information needed to answer questions on this application. PRINT all answers in ink or use a typewriter. See the UB-10 booklet for the Privacy and Paperwork Reduction Act Notices.

### Section A Identifying Information

1. Name (First, Middle Initial, Last)			2. Social Security Number					
3. Mailing Address (Include Apartment Number)			4. Date of Birth			5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
			Month	Day	Year			
City, State, ZIP Code			County					
6a. Home/Cell/Message Telephone Number (Include Area Code)				6b. Work Telephone Number (Include Area Code)				

### Section B Employment Information

7a. Last Railroad you worked for \_\_\_\_\_

b. Last Railroad Job Title (i.e., Clerk, Trainman, etc.) \_\_\_\_\_

c. Location of Last Railroad Job (City and State) \_\_\_\_\_

d. Why are you not now working for your last railroad employer? Check one:

<input type="checkbox"/> 1. Laid Off/Furloughed/Abolished/Bumped	<input type="checkbox"/> 4. Quit or Resigned	<input type="checkbox"/> 7. Suspended
<input type="checkbox"/> 2. Extra Board/Part-Time	<input type="checkbox"/> 5. Retired	<input type="checkbox"/> 8. Strike/Work Stoppage
<input type="checkbox"/> 3. Sick or Injured	<input type="checkbox"/> 6. Discharged	<input type="checkbox"/> 9. Other, explain below

Explanation \_\_\_\_\_

e. Have you quit or resigned any work (railroad or other) during the last 3 years?  Yes - Complete (1) & (2) below  No - Go to Item 7f.

(1) Date resigned or quit and Employer's Name \_\_\_\_\_

(2) Date resigned or quit and Employer's Name \_\_\_\_\_

f. Are you discharged or suspended?  Yes - Complete (1) - (4) below  No - Go to Item 7g.

(1) Date of discharge or suspension period: From \_\_\_\_\_ To \_\_\_\_\_

(2) Are you seeking reinstatement to your job?  Yes  No

(3) Will you claim pay for time lost?  Yes  No

(4) Name of Union Official \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Telephone Number (Include Area Code) ( ) \_\_\_\_\_

g. Complete this item ONLY if you are unemployed due to a strike or work stoppage.

Name of your labor union \_\_\_\_\_

Refer to the instructions in Booklet UB-10 before completing Item 8.

8a. Date you want your first claim to begin. \_\_\_\_\_

b. Date you last worked for a railroad before date in Item 8a. \_\_\_\_\_

