

# 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		
			Month	Day	Year	<input type="checkbox"/> Male <input type="checkbox"/> Female		
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. \_\_\_\_\_

9. Are you covered by a job protection plan guaranteeing you a certain amount of work or pay?  Yes  No  
If "Yes," enter name of employer providing the guarantee, below.  
Employer \_\_\_\_\_

10. Have you been paid severance pay or a separation allowance?  Yes - Complete a. and b., below  No - Go to Item 11  
a. Date of separation \_\_\_\_\_  
b. Name of employer that paid \_\_\_\_\_

11. Have you been self-employed in the past 2 years?  Yes - Complete a. and b., below  No - Go to Item 12  
a. Type of self-employment \_\_\_\_\_  
b. Date you were last self-employed \_\_\_\_\_

12. a. Have you been employed by a nonrailroad employer in the past 2 years?  Yes - Complete (1)-(5) and b., below  No - Go to Item 13  
(1) Employer Name \_\_\_\_\_  
(2) Employer Address (Street, City, State, ZIP Code) \_\_\_\_\_  
(3) Date Last Worked \_\_\_\_\_ (4) Occupation \_\_\_\_\_  
(5) Reason Not Working \_\_\_\_\_  
b. Did you have other nonrailroad employment in the past 2 years?  Yes  No

13. Are you an active member of the National Guard or a military reserve unit?  Yes  No

**Section C School Information**

14. a. Are you now attending school?  Yes - Go to Item 15  No - Complete b., below  
b. Do you plan to attend school in the next 6 months?  Yes  No  
If "Yes," enter the month and year you will begin school \_\_\_\_\_

**Section D Other Benefits**

15. Are you receiving social security benefits, military retirement, retainer pay, or any other unemployment, retirement or survivor benefits provided by law?  Yes - Complete a.-c., below  No - Go to Item 16  
a. Type of benefit(s) \_\_\_\_\_ b. Effective date \_\_\_\_\_  
c. Monthly amount before deductions \$ \_\_\_\_\_ Attach a copy of your most recent award notice.

**Section E Direct Deposit Information**

16. Benefits are normally paid by Direct Deposit to your bank, savings and loan, credit union, or other financial institution. To provide the information we need to correctly deposit your payments, **attach a voided personal check and go to Item 17**, or call your financial institution for the information you need to complete Items a. through d.  
a. Routing Transit Number 

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 b. Account Number \_\_\_\_\_  
c. Account Type:  Checking  Savings  
d. Name of Financial Institution \_\_\_\_\_

**Section F Certification and Signature**

17. I certify that the information I have provided on this form is true, correct, and complete. I know that I must immediately report to the Railroad Retirement Board any changes which might affect my entitlement to benefits. I understand that disqualifications and civil and criminal penalties may be imposed on me for false or fraudulent statements or claims or for withholding information to get benefits. I understand and agree to the requirements set forth in Booklet UB-10.  
\_\_\_\_\_  
SIGNATURE DATE