



# NEW HAMPSHIRE EMPLOYMENT SECURITY UNEMPLOYMENT INSURANCE APPLICATION



NHUIS

1 First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_

2 SS#    -   -

3 Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

4 Mailing Address \_\_\_\_\_ Apt \_\_\_\_\_ City / Town \_\_\_\_\_ State / Province \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_ County \_\_\_\_\_

Res. Address \_\_\_\_\_ Apt \_\_\_\_\_ City / Town \_\_\_\_\_ State / Province \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_ County \_\_\_\_\_  
If different Street Address

5 Contact Info.  
Primary Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Type: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mobile / Home / Work  
Alternate Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Type: \_\_\_\_\_ Do you wish mail by:  US Mail or  EMail  
Mobile / Home / Work  
*- You may choose to have benefits paid by direct deposit. The choice may be made on-line. You will need to enter your bank routing number and your account number. -*

6 Ethnicity  Hispanic or Latino  Not Hispanic or Latino  Choose not to answer Gender  Male  Female  Choose not to answer  
Race  \_\_\_\_\_  Not Hispanic or Latino Highest Schooling Completed (Grade, Certificate, Diploma, Degree) \_\_\_\_\_

7 Usual Occupation \_\_\_\_\_ Top Job Duty \_\_\_\_\_  
Occupation Exp. (Mths) \_\_\_\_\_ Seasonal Occupation?  Yes  No Do you consider yourself disabled?  Yes  No

8 US Citizen  Yes  No If NO, Alien Work Authorization Form Type: \_\_\_\_\_  
Alien Authorization # \_\_\_\_\_ Expiration Date (mm / dd / yyyy) \_\_\_\_\_

9  Yes  No Have you filed a claim for unemployment in the last 12 months? If YES, against which State or Canada? \_\_\_\_\_

10a  Yes  No Have you worked since you last filed?

10b If YES, have you earned at least \$700 since that claim began?  Yes  No

11 In the last 18 months, have you:

11a  Yes  No been, or are you currently, a sole proprietor, a partner, an officer or director of a corporation or a member of a limited liability company?  
IF YES, provide company name \_\_\_\_\_

12  Yes  No Do you owe an uncollected over issuance of food stamp benefits?

13  Yes  No Are you required to pay Child Support by court order?

14  Yes  No Would you like to have 10% of any benefit payments to which you may become entitled withheld for federal income taxes?

15  Yes  No In the last 18 months did you work for a company that was owned by a relative?

16  Yes  No Do you have dependents?

17  Yes  No Do you expect to be recalled by any of your former employers within four (4) weeks of your last day of work?

18a  Yes  No Do you have a definite recall date from any of your former employers?

18b IF YES, please enter recall date \_\_\_\_\_ What was your last day of work? \_\_\_\_\_

19a  Yes  No Are you currently enrolled in / attending school, college or vocational school?

19b If YES, are you attending full-time or part-time?  Full-Time  Part-Time

20a Course Name or Major Course of Study \_\_\_\_\_ School Name \_\_\_\_\_

20b City \_\_\_\_\_ State \_\_\_\_\_

21a  Yes  No Are you a member in good standing of a skilled trade union? If YES, Local Name \_\_\_\_\_

21b Local # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

22  Yes  No Are you required to seek work through your union (exclusive hiring hall)?

23  Yes  No Are you a Veteran who was on active duty for at least 180 days?

24  Yes  No Are you the spouse of a Veteran who: died in action, died with a service-connected permanent disability, or was captured / interred during war?

25 Lowest acceptable hourly pay \_\_\_\_\_ Preferred Shift(s)  1st  2nd  3rd For what type of work are you available?  Full-Time  Part-Time

Enter information for all work performed beginning with your most recent employer and listing all of your employers, in order, for the last 18 months. Include all temporary or part-time jobs, all jobs outside of New Hampshire, any self-employment and military service. If you worked in another State or Canada within the last 18 months, ask about options you may have to file a claim against another State or Canada.

<b>YOUR LAST EMPLOYER:</b> Name _____ Street _____ City / Town _____ State _____ Zip _____ Job Location (City / State) _____ Kind of Work / Job Title _____ Telephone Number _____	<b>REASON FOR SEPARATION</b> <input type="checkbox"/> Lack of Work / Lay Off <input type="checkbox"/> Quit <input type="checkbox"/> Discharged / Fired <input type="checkbox"/> MILITARY <input type="checkbox"/> FEDERAL <input type="checkbox"/> SELF-EMPLOYMENT	DATES WORKED (mm / dd / yy) ____ / ____ / ____ to ____ / ____ / ____ Hours worked per week _____ Hourly Pay Rate \$ _____ Gross Average Weekly Pay \$ _____ Did you get any retirement pay (401K, Pension, other)? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you get any separation pay (vacation, personal time off, bonus, holiday, sick, floating, severance, wages in lieu of notice, WARN Act, supplemental) or other pay other than for time worked? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you get workers compensation in the last 18 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>YOUR NEXT TO LAST EMPLOYER:</b> Name _____ Street _____ City / Town _____ State _____ Zip _____ Job Location (City / State) _____ Kind of Work / Job Title _____ Telephone Number _____	<b>REASON FOR SEPARATION</b> <input type="checkbox"/> Lack of Work / Lay Off <input type="checkbox"/> Quit <input type="checkbox"/> Discharged / Fired <input type="checkbox"/> MILITARY <input type="checkbox"/> FEDERAL <input type="checkbox"/> SELF-EMPLOYMENT	DATES WORKED (mm / dd / yy) ____ / ____ / ____ to ____ / ____ / ____ Hours worked per week _____ Hourly Pay Rate \$ _____ Gross Average Weekly Pay \$ _____ Did you get any retirement pay (401K, Pension, other)? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you get any separation pay (vacation, personal time off, bonus, holiday, sick, floating, severance, wages in lieu of notice, WARN Act, supplemental) or other pay other than for time worked? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you get workers compensation in the last 18 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PRIOR EMPLOYER:</b> Name _____ Street _____ City / Town _____ State _____ Zip _____ Job Location (City / State) _____ Kind of Work / Job Title _____ Telephone Number _____	<b>REASON FOR SEPARATION</b> <input type="checkbox"/> Lack of Work / Lay Off <input type="checkbox"/> Quit <input type="checkbox"/> Discharged / Fired <input type="checkbox"/> MILITARY <input type="checkbox"/> FEDERAL <input type="checkbox"/> SELF-EMPLOYMENT	DATES WORKED (mm / dd / yy) ____ / ____ / ____ to ____ / ____ / ____ Hours worked per week _____ Hourly Pay Rate \$ _____ Gross Average Weekly Pay \$ _____ Did you get any retirement pay (401K, Pension, other)? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you get any separation pay (vacation, personal time off, bonus, holiday, sick, floating, severance, wages in lieu of notice, WARN Act, supplemental) or other pay other than for time worked? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you get workers compensation in the last 18 months? <input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION: I certify that I am partially or totally unemployed. I hereby make this application for determination of my eligibility to collect unemployment benefits and register for work, unless specifically exempt. I understand that the law provides penalties for false statements made to obtain benefits. I agree to all of the above and want my claim submitted for processing.

Signature \_\_\_\_\_

Date \_\_\_\_\_