



**NEW YORK STATE DEPARTMENT OF LABOR
APPLICATION FOR BENEFITS, SHARED WORK PLAN
PLEASE PRINT ALL ENTRIES**

1. SOCIAL SECURITY ACCOUNT NUMBER ➔	NYS DEPARTMENT OF LABOR
2. NAME: First Middle Initial Last	DO NOT WRITE IN SHADED AREAS OC AC L.O. Date Eff. Date
3. ADDRESS: No. Street Apt.	
City, Town, Post Office County Zip Code N.Y.	

4. Telephone No. () 5. Enter any other name under which you worked during the last 18 months _____

6. I hereby certify, under penalty of perjury, that I am a citizen or national of the United States. Yes <input type="checkbox"/> No <input type="checkbox"/> If "No" is checked, complete the following: I hereby certify, under penalty of perjury that I am in satisfactory immigration status. Yes <input type="checkbox"/> No <input type="checkbox"/> Enter Alien Registration No. _____	CLAIM OK/ACTION OP OSC IMP# UBY FORF DISQ DUP#
I understand that my alien registration number will be verified with the Immigration and Naturalization Service by computer cross match for purposes of determining my eligibility for unemployment insurance benefits. This verification is required by the Federal Immigration Reform and Control Act of 1986.	

7. Date of Birth	Mo	Day	Year	SX	HS	GP	8. CIRCLE HIGHEST SCHOOL GRADE COMPLETED	VET	11 T	12 TLO	13 U	OCC	L	C
DO NOT WRITE IN SHADED AREAS														

<p>9. Are you a person with a disability as defined in the Americans with Disabilities Act (ADA) of 1990? A person with a disability is defined as a person that has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, and receiving education or vocational training. NOTE: This question is voluntary; you will not be penalized for refusal to answer. Your answer is kept confidential and is used for statistical purposes only; it will not affect your claim.</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11. How long did you work for your employer? Less than 3 years <input type="checkbox"/> 1 3-5 years <input type="checkbox"/> 2 6-9 years <input type="checkbox"/> 3 10+ years <input type="checkbox"/> 4</p> <p>12. Do you obtain your employment only through a union? If "yes" enter name and local Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>13. Have you applied for or are you receiving a pension? If yes: Is this pension based on work you did in the last 18 months? Who writes the check for your pension? If other than employer, print address _____ Do you limit yourself to the type of work, hours or days of work or amount of earnings that you would accept because of your pension? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>14. Have you applied for or are you receiving Worker's Compensation or disability benefits? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>15. In the past 18 months, did you work or perform services for a relative, or for a company wholly or partly owned by a relative, or for a partnership or corporation in which a relative is a partner or officer or stockholder? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>16. Within the last 18 months, have you been an officer of any corporation? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>17. Do you have any business or are you engaged in any other activity that brings in or may bring in income? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>18. Was there a strike, lockout or other labor dispute in any place you worked during the last 8 weeks? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>10. Are you a veteran of active Military Service who served for a minimum of 180 days of continuous active duty OR Are you a veteran of the US Military Reserve who served for either 180 days of continuous active duty for purposes other than training and was separated with other than a dishonorable discharge OR 90 days of continuous active duty any part of which was served in the Persian Gulf during the time recognized by the Federal Government as the Gulf War hostilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" answer a through c:</p> <p>a. Do you have a service connected disability? 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, Under 30% 3 <input type="checkbox"/> Yes, 30% more</p> <p>b. Did you separate from U.S. Military Service within the last 48 months? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>c. Did you serve during the Vietnam Era? (February 28, 1961 through May 7, 1975) <input type="checkbox"/> Yes 1 <input type="checkbox"/> No If yes, did you serve in Vietnam, Cambodia, Thailand, or Laos; in the waters in or around these countries; or fly missions over these areas between February 28, 1961 and May 7, 1975? 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No</p>	

19. **STARTING WITH YOUR LAST EMPLOYER, LIST ALL YOUR EMPLOYERS DURING THE LAST 18 MONTHS.** Include all periods of self-employment, part-time employment, military service and employment with a governmental agency. Include all employers regardless of the State where you worked, type of work or length of job. Failure to list all your employers and Federal service (civilian and military) ay result in a reduced benefit rate or a delay in your benefits. If you had more than one employer, ask for a Continuation of Employment Record Sheet. **YOUR EMPLOYERS WILL BE NOTIFIED THAT YOU FILED A CLAIM!**

Company Name of Shared Work Employer	HIRE DATE			
Payroll Address	Telephone No.	Mo.	Day	Yr
City	State	Zip Code	Work Location (If Maritime worker show article no. & name of ship)	
Occupation On This Job	Pension from this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this employer an Educational Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	If federal: SF8 used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full time <input type="checkbox"/> Part time/intermittent			

I certify that I am now in Shared Work, that I am ready, willing and able to work and that the statements that I have made in this application are true and correct. I understand that the law provides severe penalties for wilful false statements to obtain benefits.

CLAIMANT SIGN HERE ➔ **X** _____