

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. _____

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 or retainer pay, or any other 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 \$ _____

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. If you do not have a bank account, or receiving your payments by Direct Deposit would cause you a hardship, go to Item e.
- a. Routing Transit Number

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 b. Account Number _____
- c. Account Type: Checking Savings
- d. Name of Financial Institution _____
- e. Check this box if you do not have a checking or savings account, or if Direct Deposit would cause you a hardship.

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