

# Initial Interstate Claim

Claimant: Please complete items numbered 1 – 20 only (Please Print)

Name (First, Middle Initial, Last): TEST NAME SSN: 000-00-0000

Name/SSN Worked under (if different): SSN:

Mailing Address (No., Street, P.O. Box, Richmond No., Apt. No.):  
TEST ADDRESS

City State 9-Digit Zip Code  
VANSANT Va 24656-0000

Telephone No. (Include Area Code) Date of Birth Sex Highest Grade Completed  
(999) 999-9999 6 /16/2022 MALE 12

Occupation Recall Date  
TEST JOB

Have you claimed, received, or applied for unemployment compensation in the past 12 months Yes No

If "Yes," Enter date Paying State

(a) I am a Citizen or National of the U.S. Yes No  
(b) I am in a satisfactory immigration status Yes No

If "Yes," Enter Alien Registration No.

Is there a reason you cannot accept work now?.

Are you a member in good standing of a Union and get work through a union hiring hall?

Did you receive, or are you receiving any vacation pay, severance, or wages in lieu of notice

Are you farming, attending school, self-employed, a corporate officer, related to anyone for whom you worked, or employed on a commission basis?

Do you have dependents

Did you receive, will you receive, or are you receiving payment under any type of retirement plan, pension, social security, IRA, KEOGH, etc. based upon previous employment?

Do you make or owe child support payments?

If "Yes" complete the following: City County State

Do you elect to have Federal Income Tax withheld from your benefit payments?

A) Today's Date 6 /16/2022 B) Effective Date 5 /29/2022

C) Liable State Data FIPS Name (Do not abbreviate) D) Backdate Code  
78 VIRGIN ISLANDS 1

E) Residence FIPS Code State County City F) Ethnic Code  
Va 51027 00000 NOT HISPANIC OR LATINO

G) DOT 023 H) Agent State Data FIP Local Office No. I) Issue Yes No  
51 111

J) Claim Status New Add'l Reopen K) Claim Type UI UCFE UCX EB CWC Other  
UI UCFE UCX EB CWC Other

L) Last Employer Data Ownership Code SIC I) ss# verified  
20 22 No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

WORK RECORD: Complete all items below for each job you have had during the past 24 months. Include all self-employment, part-time work, military service, and employment with a government agency. Including all employers, regardless of state, type of work performed, or length of job. Use second page if necessary

Name Telephone No. (Include Area Code) Dates Worked  
TEST NAME 2 (000) 000-0000 From 5 /30/2022 through 6 /3 /2022

Address Where Work was Performed Type of Work Performed

TEST ADDRESS City VANSANT State AL Zip 24656-0000 TEST JOB

Payroll Address (if different) Reason for Separation

City State Zip Lack of Work Discharge

If Maritime, Enter Name of Vessel Enter Country Worked if Work Performed Outside of the U.S. Lack of Work Discharge  
Quit\* Other\*

Nex Name Telephone No. (Include Area Code) Dates Worked  
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