



Empty header box

Dirección: (Calle o Apartado de Correos):  
Ciudad:  
Estado: Código Postal:  
Título de la posición:

:  
Check One:  
Still Working  Leave of Absence   
Lack of Work  Quit   
Strike/Lockout  Fired/Suspended   
Total (gross) earnings in above period of work: \$  
Rate of pay: \$  
HR Day WK MO YR

Second Most Recent Employer: Phone:  
Address: (Street or P.O.):  
City:  
State: P  
Job Title:

I worked for this employer from: to:  
Check One:  
Still Working  Leave of Absence   
Lack of Work  Quit   
Strike/Lockout  Fired/Suspended   
Total (gross) earnings in above period of work: \$  
Rate of pay: \$:  
HR Day WK MO YR

Third Most Recent Employer: Phone:  
Address: (Street or P.O.):  
City:  
State: /W  
Job Title:

I worked for this employer from: to:  
Check One:  
Still Working  Leave of Absence   
Lack of Work  Quit   
Strike/Lockout  Fired/Suspended   
Total gross earnings in above period of work: \$  
Rate of pay: \$  
HR Day WK MO YR

I certify under penalty of perjury that I am a citizen of the United States or legally authorized to work in the United States. I understand the questions I have been asked and my answers are true to the best of my knowledge. I understand the law provides penalties for making false statements in order to obtain unemployment insurance benefits. By submitting this application, I hereby request an initial determination of benefits potentially payable to me. I authorize the Employment Department to obtain and use information from any source I provide for administering unemployment insurance.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Oregon Employment Department Att n: h...  
WWW... Fax: (503) 947-1800 ED\_workshare@oregon.gov

Form fields for address and contact information

Form fields for signature and date