

IMPORTANT: Please answer ALL questions completely. Failure to do so may result in delays or denial of benefits.

- Apply using the name currently on file with the Social Security Administration
- To complete your initial claim, you must add your signature and the date of signing. Once complete, return this form to your employer as soon as possible.
- Due to federal reporting requirements and system limitations, only male and female options are currently available. However, there will be no delay in processing your claim if the gender selection does not match what is on file with the Social Security Administration.

Social Security Number	Are you a US Citizen? Yes No If no, please provide your work authorization number or I-94#	Work Authorization # or I-94#	
Last Name:	First Name:	MI:	Email Address:
Applicant's Mailing Address: (Street or P.O. Box)		City:	State Zip Code: Personal Phone:
Are you of Hispanic or Latin Ethnicity? Yes No		Date of Birth: mm/dd/yyyy / /	
Which category describes you? Select all that apply.		Gender:	
Native American or Alaska Native Hawaiian Native or Other Pacific Islander		Male	
Black or African American Asian		Female	
White Other race, ethnicity, or origin.		Pronouns (Optional):	
Do you require information in a language other than English? Yes No If yes, what is your primary language? _____			
Work Share Employer:	Employer Phone:	Employee Start Date: / /	Full Time: Rate of Pay: Part Time: \$ /hr
Employer Address: (Street or P.O. Box)	City:	State Zip Code: Job Title:	

Please answer every question to avoid processing delays

A: In the last 18 months, did you work for an agency of the federal government? Yes No
If yes, dates employed: ___/___/___ to ___/___/___

B: In the last 18 months, have you served in the armed forces? Yes No
If yes, dates of service: ___/___/___ to ___/___/___

C: In the last 18 months, did you work for an employer in another state? Yes No
If yes, please list the state(s): _____ **Be sure to list employer(s) on second page!**

D: In the last 18 months, did you claim benefits in any other state? Yes No
If yes, please list the state(s): _____

E: Are you receiving or will you receive retirement pay (not Social Security Benefits) in the next 12 months? Yes No
If yes, please list start date: ___/___/___ Employer: _____

F: In the last 18 months, did you work as a professional athlete? Yes No

Tax Withholdings:
Any unemployment insurance benefits you receive are fully taxable income if you are required to file a tax return. You may need to make estimated tax payments. For more information on estimated tax payments, contact the Internal Revenue Service. For state tax information, contact the Oregon Department of Revenue. You may choose to have 10% of your benefits withheld for federal taxes and 6% for state taxes. This authorization will remain in effect for this claim until the Oregon Employment Department has received written notification from you of its termination.

I authorize the state of Oregon to start withholding:

10% of my federal unemployment benefits for federal income taxes.	Yes No
6% of my unemployment benefits for state income taxes.	Yes No

By initialing, I certify that I understand that it is my responsibility to know the information in both the Claimant and Work Share Handbooks. These handbooks can be found at www.OregonWorkShare.org	FEW: _____ Examiner/Date: _____ Reviewer & Date: _____
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

Please list all of your employers for the past two years, **excluding your Work Share Employer**. Include temporary or employee leasing agencies, employers in and outside the USA, the federal government, and the military. To list more employers, use a separate piece of paper and attach it to this form. This information will be verified with your employer(s).

First Most Recent Employer:	Phone:	Dates of Employment: mm/dd/yyyy ____/____/____ to: ____/____/____
Address: (Street or P.O.) _____ _____		Check One: Still Working Leave of Absence Lack of Work Quit Strike/Lockout Fired/Suspended
City: _____	State: _____	Zip Code: _____
Job Title: _____		Annual Earnings (Gross): \$ _____ Rate of Pay: \$ _____ HR DAY WK MO YR
Second Most Recent Employer:	Phone:	Dates of Employment: mm/dd/yyyy ____/____/____ to: ____/____/____
Address: (Street or P.O.) _____ _____		Check One: Still Working Leave of Absence Lack of Work Quit Strike/Lockout Fired/Suspended
City: _____	State: _____	Zip Code: _____
Job Title: _____		Annual Earnings (Gross): \$ _____ Rate of Pay: \$ _____ HR DAY WK MO YR
Third Most Recent Employer:	Phone:	Dates of Employment: mm/dd/yyyy ____/____/____ to: ____/____/____
Address: (Street or P.O.) _____ _____		Check One: Still Working Leave of Absence Lack of Work Quit Strike/Lockout Fired/Suspended
City: _____	State: _____	Zip Code: _____
Job Title: _____		Annual Earnings (Gross): \$ _____ 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. Following this signed Initial Claim form, I understand and authorize my employer to submit Weekly Claim Certification forms on my behalf. I understand that I am required to report outside weekly earnings to my employer while on Work Share. I understand I am also responsible for communicating with my employer and the Oregon Employment Department of any changes to my status. I understand that failure to communicate status changes can result in a delay or denial of benefits. I further understand that any overpayment or misinformation is my responsibility. I understand that I can check the status of my claim by calling the Unemployment Insurance (UI) Special Programs Center at the number listed below.

** By signing this form electronically, I understand that this electronic signature has the same meaning and validity as my handwritten signature.

Print Name: _____

Signature: _____ Date: ____/____/____

Oregon Employment Department • Attn: UI Special Programs Center • PO Box 14518 • Salem, Oregon • 97309

Phone: (503) 947-1800 • Fax: (503) 947-1833 • www.oregonworkshare.org

The Oregon Employment Department is an equal opportunity employer/program. Auxiliary aids and services, and alternate formats are available to individuals with disabilities and language services to individuals with limited English proficiency free of cost upon request. TTY/TDD-dial 7-1-1 toll free relay service. Access free online relay service at: www.sprintrelayonline.com.

El Departamento de Empleo de Oregon es un programa que respeta la igualdad de oportunidades. Disponemos de servicios o ayudas auxiliares, formatos alternos para personas con conocimiento limitado del inglés, a pedido y sin costo. Llame al 7-1-1 para asistencia gratuita TTY/TDD para personas con dificultades auditivas. Obtenga acceso gratis en internet por medio del siguiente sitio: www.sprintrelayonline.com.

Disclaimer: This form can be uploaded by your approved Work Share Employer through our submission portal at

www.oregonworkshare.org

If you have any questions, please contact the UI Special Program Center at (503) 947-1800 or (800) 436-6191