

**DEPARTMENT OF ECONOMIC OPPORTUNITY  
REEMPLOYMENT ASSISTANCE APPLICATION FOR SERVICES**

**PLEASE PRINT YOUR INFORMATION IN BLUE OR BLACK INK ONLY FOR ALL ITEMS** (on both sides of the application) **AND SIGN THIS FORM.**  
Complete a Supplement for other employment you have had during the last 18 months.

1. Name: (First, Middle, Last)				*Social Security Number: (see Privacy Act Statement on back of form) _____																	
1a. Other Names Used During Employment				<b>FOR OFFICE USE ONLY, DO NOT WRITE IN THE GRAY AREA BELOW</b>																	
2. Local Mailing Address: Street Address: _____ Apt.# _____				EFF Date		M D Y		DATE FILED		M D Y											
City: _____		State: _____		Zip: _____		Residence County: _____		CLAIM STATUS		NEW <input type="checkbox"/>		ADD'L <input type="checkbox"/>		R/O <input type="checkbox"/>		T <input type="checkbox"/>		REQUALIFY <input type="checkbox"/>			
3. Telephone Number: _____ Alternate phone number: _____ ( ) — or ( ) —				TYPE:		UC <input type="checkbox"/>		X <input type="checkbox"/>		FE <input type="checkbox"/>		CWC <input type="checkbox"/>		EB <input type="checkbox"/>		OTHER <input type="checkbox"/>					
4. Date of Birth: _____ 5. Sex: _____ 6. Height/Weight _____ Month Day Year <input type="checkbox"/> M <input type="checkbox"/> F /				ISSUE: (check one)				<input type="checkbox"/> NO		<input type="checkbox"/> YES - enter flag codes		UCB-13 <input type="checkbox"/>		MODS <input type="checkbox"/>		STDK		METHOD			
7. (Statistical use only) Are you of Hispanic descent? <input type="checkbox"/> YES <input type="checkbox"/> NO Indicate your primary ethnic affiliation: <input type="checkbox"/> White (1) <input type="checkbox"/> American Indian or Alaskan Native (4) <input type="checkbox"/> Black or African American (2) <input type="checkbox"/> Hawaiian or Pacific Islander (5) <input type="checkbox"/> Asian (3) <input type="checkbox"/> Information not available (6)				1.		LOCAL OFFICE		FIPS		RES. COUNTY		WDB									
				2.																	
				3.		IND		W/S		ERP		MCS									
				4.																	
8. Identification (ID): Driver's License #: _____ State of Issuance: _____ State Identification #: _____ State of Issuance: _____ Other ID #: _____ Type of ID: _____				IB4 STATE/FIPS CODE				Primary DOT Code: _____ Mo. Exp. _____				Secondary DOT Code: _____ Mo. Exp. _____									
9. Check the number which corresponds to the highest grade you completed: 1. Did not finish High School - Highest grade completed was: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 2. High School Diploma or GED <input type="checkbox"/> 3. AA or Post Secondary Vocational/Technical Certificate of Completion <input type="checkbox"/> 4. BS/BA <input type="checkbox"/> 5. MS/MA <input type="checkbox"/> 6. Doctorate <input type="checkbox"/>				Disaster Date: _____				Documentation presented: _____				Announcement Disaster #: FL									
				TYPE: _____																	
				Primary DOT Code: _____ Mo Exp. _____				Secondary DOT Code: _____ Mo. Exp. _____													
10. Are you handicapped as defined in Section 504 of the Rehabilitation Act of 1973? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Definition:</b> A person is handicapped if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. <b>NOTE:</b> This information will be used for statistical purposes only; is requested on a voluntary basis; and will be kept confidential.				11. I am a citizen of the United States. <input type="checkbox"/> YES <input type="checkbox"/> NO If no, I am authorized to work in this country. <input type="checkbox"/> YES <input type="checkbox"/> NO				Alien Reg. #: _____				Expiration Date: _____									
11a. Citizenship: <input type="checkbox"/> US Citizen/Nationalized <input type="checkbox"/> Lawfully Admitted Alien/Refugee <input type="checkbox"/> Cuban Entrant <input type="checkbox"/> Haitian Entrant <input type="checkbox"/> Other				11b. If not fluent in English, what language do you prefer to use?																	
12. I hereby apply for DUA for the period beginning:				Employer ID # _____																	
13. TYPE INDUSTRY OF EMPLOYER: _____				14. Unemployment was a result of this disaster because:																	
15. Name of employer at time of disaster: _____																					
Employer's Street Address _____				Dates Worked: FROM: _____ TO: _____				Occupation: _____													
City _____		County _____		State _____		Zip _____		Mo. _____		Day _____		Year _____		Mo. _____		Day _____		Year _____			
Supervisor's Name: _____				County in which worked: _____																	
Employer's Telephone Number: _____				Salary Rate: \$ _____ Per * (*Hour, Week, Month, Year)				Total Gross Earnings _____				Total Gross Earnings since Sunday of this week: \$ _____									
( ) —								Occupation or Title: _____													



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I hereby claim benefits under the Florida Reemployment Assistance Law. I am not seeking benefits under any other state or Federal system. At the discretion of the department, this application for benefits may be accepted as my registration for work and employment services. I understand the Florida Reemployment Assistance Law provides penalties for knowingly making false statements for the purpose of obtaining benefits. I declare that the statements made in connection with this claim are true and correct to the best of my knowledge and belief. I understand the information is subject to verification and agree to provide such documentation as required.

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Department of Economic Opportunity may e-mail me for additional information needed in determining my claim.

**My E-Mail Address is:** \_\_\_\_\_

I understand the Department of Economic Opportunity will maintain the confidentiality of my e-mail address pursuant to section 443.1715, Florida Statutes.

**\*PRIVACY ACT STATEMENT**

Information you provide to this department is voluntary and confidential but is required to process your claim. Pursuant to the Internal Revenue Code of 1986, the Social Security Act, 42 U.S.C. 1320b-7(a)1, and s. 443.091(1)(h), F.S., disclosure of your Social Security number is mandatory. Social Security numbers will be used by the department to report the benefits you receive to the Internal Revenue Service as potential taxable income. In accordance with the Federal Deficit Reduction Act, an amendment to the Federal Social Security Act, and 5 U.S.C. 552a(o)(1)(D), information you provide is subject to verification through computer matching programs and information about your wages and claim may be provided to other federal, state and local agencies or their contractors for verification of eligibility under other government programs to ensure benefits have been properly paid and for statistical and research purposes.

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.