

WORK REGISTRATION REQUIREMENTS FOR EMERGENCY UNEMPLOYMENT COMPENSATION

You are required to complete all items in this form and return it to an Unemployment Insurance staff before leaving this office. Failure to complete and submit this form may disqualify you from receiving Emergency Unemployment Compensation benefits.

- 1) First Name: _____ 2) Last Name: _____
 3) Social Security Number: _____ 4) Date of Birth: _____
 5) Address: _____
 6) Email Address (if you have): _____
 7) Phone Number: _____ 8) Alternate Phone Number: _____

<p>9) <u>Highest Education Level Achieved</u> (Check Only One):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;"> <input type="checkbox"/> No Schooling <input type="checkbox"/> 1st Grade Completed <input type="checkbox"/> 2nd Grade Completed <input type="checkbox"/> 3rd Grade Completed <input type="checkbox"/> 4th Grade Completed <input type="checkbox"/> 5th Grade Completed <input type="checkbox"/> 6th Grade Completed <input type="checkbox"/> 7th Grade Completed <input type="checkbox"/> 8th Grade Completed <input type="checkbox"/> 9th Grade Completed <input type="checkbox"/> 10th Grade Completed <input type="checkbox"/> 11th Grade Completed </td> <td style="width: 50%; vertical-align: top; padding: 2px;"> <input type="checkbox"/> 12th Grade and did <i>not</i> graduate <input type="checkbox"/> High School Diploma <input type="checkbox"/> General Equivalency Degree (GED) <input type="checkbox"/> 1 year at College or a Technical or Vocational School <input type="checkbox"/> 2 years at College or a Technical or Vocational School <input type="checkbox"/> 3 years at College or a Technical or Vocational School <input type="checkbox"/> Vocational School Certificate <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Specialized Degree (e.g. MD, DDS) </td> </tr> </table>		<input type="checkbox"/> No Schooling <input type="checkbox"/> 1 st Grade Completed <input type="checkbox"/> 2 nd Grade Completed <input type="checkbox"/> 3 rd Grade Completed <input type="checkbox"/> 4 th Grade Completed <input type="checkbox"/> 5 th Grade Completed <input type="checkbox"/> 6 th Grade Completed <input type="checkbox"/> 7 th Grade Completed <input type="checkbox"/> 8 th Grade Completed <input type="checkbox"/> 9 th Grade Completed <input type="checkbox"/> 10 th Grade Completed <input type="checkbox"/> 11 th Grade Completed	<input type="checkbox"/> 12 th Grade and did <i>not</i> graduate <input type="checkbox"/> High School Diploma <input type="checkbox"/> General Equivalency Degree (GED) <input type="checkbox"/> 1 year at College or a Technical or Vocational School <input type="checkbox"/> 2 years at College or a Technical or Vocational School <input type="checkbox"/> 3 years at College or a Technical or Vocational School <input type="checkbox"/> Vocational School Certificate <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Specialized Degree (e.g. MD, DDS)
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<p>10) School Status (Check Only One):</p> <input type="checkbox"/> Yes, Attending High School <input type="checkbox"/> Yes, Attending An Alternative High School <input type="checkbox"/> Yes, Attending College or a Technical or Vocational School <input type="checkbox"/> No, Not Attending Any School	<p>11) Employment Status (Check Only One):</p> <input type="checkbox"/> Working Full Time <input type="checkbox"/> Working Part-Time <input type="checkbox"/> Not Working <hr/> <p>12) Date You Completed this Form: _____</p>		

This completes the **first step** of your work registration to qualify for Emergency Unemployment Compensation benefits. Based on a review of the information, WDD staff will notify you of the **next step** for work registration.

<p>WDD Staff Use Only:</p> <p>User ID: _____ Changed password? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Info Entered in HNH: _____ Meets on-line resume requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments: _____</p> <p>Date Contacted Claimant: _____</p> <p>_____ Email _____ Phone _____ Other (explain) _____</p> <p>Notes: _____</p> <p>_____</p> <p>_____</p>	
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