The Catholic University of America
Application for Unemployment Insurance

****All information requested on this form must be completed. An incomplete form will delay benefits.
Please email your completed application to: UIClaims@s3managementgroup.com..****

Claimant Information				
Last Name	First	Middle Initial	**Social Security No.:**	
			Date of Birth:	
Current Street Address City State Zip			**Best Contact Number:**	

1. Are you available and able to work Full-Time?	YES	NO
2. Did you claim Unemployment Benefits within the last 12 months? If "YES", for which Catholic University location?	YES	NO
3. During the last 18 months, did you work for any other employer? If "YES", please provide employer's name and address:	YES	NO
4. Are you currently working (full or part-time)? If "YES", please provide employer's name and address:	YES	NO

5. Information regarding your last employment with Catholic University				
Location Name and Supervisor:	**Last Position**			
Street Address:	**Date of Hire**		**Last Day of Work**	
Phone Number:	**Weekly Wage**	$	**Hourly Rate**	$

6. Reason for Separation: (Circle only one)

Lack of Work or Reduced Hours	Resignation	Discharged	Other

Temporary Layoff (10 weeks or less) - Expected date of return to work:

7. Claimant's Statement: Please explain below the circumstances under which you left your last employment. If additional space is needed, please attach a separate sheet of paper to this application.

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I certify that the information on this form is true and correct to the best of my knowledge. I understand that The Catholic University of America offers the Unemployment Insurance Benefits Program on a voluntary basis, and that no contractual or other legal obligation shall be construed to arise out of the Program, any benefits paid by The Catholic University of America, or this form. I understand that providing false statements for the purpose of obtaining benefits may disqualify me from receiving Unemployment Benefits under this program. I understand that I will be responsible for paying back any amount if I am overpaid. I have received a copy of your pamphlet, "The Catholic University of America – Unemployment Insurance Claimant Program Guide."

_____   _____
Claimant's Signature   Date

Unemployment Insurance Program Administrator, Email: UIClaims@s3managementgroup.com

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