

# Archdiocese of Washington Unemployment Compensation Program

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## **APPLICATION FOR UNEMPLOYMENT COMPENSATION**

**\*\*All information requested on this form must be completed. An incomplete form will delay benefits. Please mail, fax or email completed forms to address above. \*\***

Last Name	First	Middle Initial	Social Security No:	
			Date of Birth:	
Current Street Address	City	State	Zip	Best Contact Number (home/cell/other):
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", against which Archdiocesan 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. For any period on or after your last day of work, did you or will you receive Archdiocesan or Government Pension Benefits?			YES	NO

6. Information regarding your last employment with a participating location of the ADW Unemployment Compensation Program				
Location Name and Supervisor:	Last Position			
Street Address:	Date of Hire		Last Day of Work	
Phone Number:	Weekly Wage	\$	Hourly Rate	\$

7. **Reason for separation: (Circle Only One)**

Lack of Work or Reduced Hours      Resignation      Discharged      Other

Temporary Layoff (10 weeks or less) (Catholic Charities Employees Only) – Expected date of return to work: \_\_\_\_\_

8. **CLAIMANT'S STATEMENT:** Please explain below the circumstances under which you left your last employment with a participating location of the Archdiocese of Washington Unemployment Compensation Program. 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 Archdiocese of Washington offers the Unemployment Compensation 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 Archdiocese, 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 I am overpaid due to my failure to report the amount of or change in amount of ADW's pension received by me. I have received a copy of your pamphlet, "Information for Claimants."*

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date