

**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.# _____ City: _____ State: _____ Zip: _____ Residence County: _____				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">EFF Date</td> <td>M</td> <td>D</td> <td>Y</td> <td colspan="2">DATE FILED</td> <td>M</td> <td>D</td> <td>Y</td> </tr> <tr> <td>CLAIM</td> <td>NEW</td> <td>ADD'L</td> <td>R/O</td> <td>T</td> <td colspan="2">REQUALIFY</td> <td colspan="3"></td> </tr> <tr> <td>STATUS</td> <td>UC</td> <td>X</td> <td>FE</td> <td>CWC</td> <td>EB</td> <td>OTHER</td> <td colspan="3"></td> </tr> <tr> <td colspan="4">ISSUE: (check one) <input type="checkbox"/> NO <input type="checkbox"/> YES - enter flag codes</td> <td>UCB-13</td> <td>MODS</td> <td>STDK</td> <td colspan="3">METHOD</td> </tr> <tr> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="3"></td> </tr> <tr> <td colspan="4"></td> <td>LOCAL OFFICE</td> <td>FIPS</td> <td>RES. COUNTY</td> <td colspan="3">WDB</td> </tr> <tr> <td colspan="4"></td> <td>IND</td> <td>W/S</td> <td>ERP</td> <td>MCS</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="3"></td> </tr> </table>				EFF Date		M	D	Y	DATE FILED		M	D	Y	CLAIM	NEW	ADD'L	R/O	T	REQUALIFY					STATUS	UC	X	FE	CWC	EB	OTHER				ISSUE: (check one) <input type="checkbox"/> NO <input type="checkbox"/> YES - enter flag codes				UCB-13	MODS	STDK	METHOD																	LOCAL OFFICE	FIPS	RES. COUNTY	WDB							IND	W/S	ERP	MCS												
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3. Telephone Number: _____ Alternate phone number: _____ ( ) - or ( ) -				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">IB4 STATE/FIPS CODE</td> <td colspan="4"></td> </tr> <tr> <td colspan="4">Primary DOT Code: _____ Mo. Exp. _____</td> <td colspan="4">Secondary DOT Code: _____ Mo. Exp. _____</td> </tr> </table>				IB4 STATE/FIPS CODE								Primary DOT Code: _____ Mo. Exp. _____				Secondary DOT Code: _____ Mo. Exp. _____																																																																			
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4. Date of Birth: _____ 5. Sex: <input type="checkbox"/> M <input type="checkbox"/> F 6. Height/Weight _____ Month Day Year				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">Disaster Date: _____</td> <td colspan="4">Announcement</td> </tr> <tr> <td colspan="4">Documentation presented: _____</td> <td colspan="4">Disaster #: FL</td> </tr> <tr> <td colspan="4">TYPE: _____</td> <td colspan="4"></td> </tr> </table>				Disaster Date: _____				Announcement				Documentation presented: _____				Disaster #: FL				TYPE: _____																																																															
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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 <input type="checkbox"/> Black or African American (2) <input type="checkbox"/> Alaskan Native (4) <input type="checkbox"/> Asian (3) <input type="checkbox"/> Hawaiian or Pacific Islander (5) <input type="checkbox"/> Information not available (6)				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">Primary DOT Code: _____ Mo Exp. _____</td> <td colspan="4">Secondary DOT Code: _____ Mo. Exp. _____</td> </tr> </table>				Primary DOT Code: _____ Mo Exp. _____				Secondary DOT Code: _____ Mo. Exp. _____																																																																											
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8. Identification (ID): Driver's License #: _____ State of Issuance: _____ State Identification #: _____ State of Issuance: _____ Other ID #: _____ Type of ID: _____				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">Primary DOT Code: _____ Mo Exp. _____</td> <td colspan="4">Secondary DOT Code: _____ Mo. Exp. _____</td> </tr> </table>				Primary DOT Code: _____ Mo Exp. _____				Secondary DOT Code: _____ Mo. Exp. _____																																																																											
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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"/>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">10. Are you handicapped as defined in Section 504 of the Rehabilitation Act of 1973? <input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td colspan="4"> <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. </td> </tr> </table>				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.																																																																											
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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				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">Alien Reg. #: _____</td> </tr> <tr> <td colspan="4">Expiration Date: _____</td> </tr> </table>				Alien Reg. #: _____				Expiration Date: _____																																																																											
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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:				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">Dates Worked:</td> <td colspan="4">Occupation:</td> </tr> <tr> <td colspan="4">FROM:</td> <td colspan="4">TO:</td> </tr> <tr> <td>Mo.</td> <td>Day</td> <td>Year</td> <td></td> <td>Mo.</td> <td>Day</td> <td>Year</td> <td></td> </tr> </table>				Dates Worked:				Occupation:				FROM:				TO:				Mo.	Day	Year		Mo.	Day	Year																																																									
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City _____ County _____ State _____ Zip _____				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">Employer's Telephone Number: _____</td> </tr> <tr> <td colspan="4">Salary Rate: \$ _____ Per * (*Hour, Week, Month, Year)</td> </tr> </table>				Employer's Telephone Number: _____				Salary Rate: \$ _____ Per * (*Hour, Week, Month, Year)																																																																											
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Supervisor's Name: _____ County in which worked: _____				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">Total Gross Earnings</td> </tr> <tr> <td colspan="4">Total Gross Earnings since</td> </tr> <tr> <td colspan="4">Sunday of this week: \$</td> </tr> <tr> <td colspan="4">Occupation or Title:</td> </tr> </table>				Total Gross Earnings				Total Gross Earnings since				Sunday of this week: \$				Occupation or Title:																																																																			
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**DEPARTMENT OF ECONOMIC OPPORTUNITY  
REEMPLOYMENT ASSISTANCE APPLICATION FOR SERVICES**

<b>Reason for Separation:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Permanent Lay-off  <input type="checkbox"/> Temporary Lay-off  <input type="checkbox"/> Quit or Voluntary Lay-off  <input type="checkbox"/> Working Reduced Hours                 </div> <div style="width: 45%;"> <input type="checkbox"/> Suspension  <input type="checkbox"/> Leave of Absence  <input type="checkbox"/> Discharged, Job Performance  <input type="checkbox"/> Discharged, Other                 </div> </div>	<b>Tools/Equipment Used:</b>  <b>Are you scheduled to return to work for this employer?</b> <input type="checkbox"/> YES      When? _____ <input type="checkbox"/> NO												
<b>Explain Reason for Separation:</b>													
16. Are you currently employed, self-employed or have you been self-employed in the past year? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>													
17. Is there any reason you cannot seek or accept full-time employment? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>													
17A. Have you refused any offer of work since you became unemployed? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>													
18. Did you apply for or receive, or would you be eligible to receive if applied for: (Mark "Y" for Yes or "N" for No next to each question) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Any amount for loss of wages due to illness or disability?  <input type="checkbox"/> Any type of private income protection insurance?    <input type="checkbox"/> Any amount as supplemental unemployment benefit?                 </div> <div style="width: 45%;"> <input type="checkbox"/> Any amount of retirement pension or annuity income?  <input type="checkbox"/> Worker's compensation for death of head of household?                 </div> </div>													
19. Have you received, or will you receive any of the following payments? <table style="width: 100%;"> <tr> <td style="width: 25%;">Severance Pay</td> <td style="width: 15%;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</td> <td style="width: 20%;">Amount: \$</td> <td style="width: 40%;"></td> </tr> <tr> <td>Wages in Lieu of Notice</td> <td><input type="checkbox"/> YES    <input type="checkbox"/> NO</td> <td></td> <td></td> </tr> <tr> <td>Vacation Pay</td> <td><input type="checkbox"/> YES    <input type="checkbox"/> NO</td> <td>From:</td> <td>To:</td> </tr> </table>		Severance Pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount: \$		Wages in Lieu of Notice	<input type="checkbox"/> YES <input type="checkbox"/> NO			Vacation Pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	From:	To:
Severance Pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount: \$											
Wages in Lieu of Notice	<input type="checkbox"/> YES <input type="checkbox"/> NO												
Vacation Pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	From:	To:										
20. Do you have specific plans to enroll in or attend school or vocational training within the next 12 months? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span> If yes, when? _____ (date)													
21. Are you receiving, or will you receive a retirement pension? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span> If yes, date payment began/will begin: _____ <div style="text-align: right;">Employer's Name: _____</div>													
22. During the past 18 months, have you: <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">a. Been in the Military Service?</td> <td style="width: 20%;"><input type="checkbox"/> YES</td> <td style="width: 20%;"><input type="checkbox"/> NO</td> </tr> <tr> <td>b. Held a Federal Civilian Job?</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>c. Worked in any other state?</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> </table>		a. Been in the Military Service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	b. Held a Federal Civilian Job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	c. Worked in any other state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
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b. Held a Federal Civilian Job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO											
c. Worked in any other state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO											
23. Have you applied for Reemployment Assistance benefits in the past 12 months? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span> If yes, against which state? _____													
24. If you receive, or will receive payments from Worker's Compensation, is it classified as: <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 25%;">Temporary Total</td> <td style="width: 15%;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</td> <td style="width: 25%;">Temporary Partial</td> <td style="width: 15%;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</td> <td style="width: 20%;">Impairment Income</td> <td style="width: 10%;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</td> </tr> <tr> <td>Permanent Total</td> <td><input type="checkbox"/> YES    <input type="checkbox"/> NO</td> <td>Supplemental Income</td> <td><input type="checkbox"/> YES    <input type="checkbox"/> NO</td> <td></td> <td></td> </tr> </table>		Temporary Total	<input type="checkbox"/> YES <input type="checkbox"/> NO	Temporary Partial	<input type="checkbox"/> YES <input type="checkbox"/> NO	Impairment Income	<input type="checkbox"/> YES <input type="checkbox"/> NO	Permanent Total	<input type="checkbox"/> YES <input type="checkbox"/> NO	Supplemental Income	<input type="checkbox"/> YES <input type="checkbox"/> NO		
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25. Are you a member of a labor union which finds/obtains work for its members? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span> If yes, provide Union name and number: _____													
26. What type of work are you seeking?													
27. Are you a veteran who meets one or more of the following conditions? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span> a. Served on active duty for a period of more than 180 days and received a discharge other than dishonorable. b. Was a reservist who earned a campaign badge and was released or discharged with a discharge other than dishonorable? c. Was discharged or released from active duty because of a service-connected disability?													
<b>If you answered yes to Question 27 above, please answer questions 28 – 32 below, otherwise go to question 33.</b>													
28. Were you released from military active duty within the last three years (36 months)? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>													
29. Did you serve on active duty during a war, campaign or expedition for which a campaign badge has been authorized? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>													
30. Are you a Disabled Veteran? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span> <b>Definition:</b> You have a service-connected disability which entitles you to compensation or caused you to be discharged or released from active duty.													
31. Are you a Special Disabled Veteran? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span> <b>Definition:</b> You are entitled to compensation for a service-connected disability rated at 30 percent or more or 10 or 20 percent with a determination that you have a serious employment handicap or you were discharged or released from active duty because of service-connected disability.													
32. Are you a homeless veteran? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>													
33. Are you the spouse of any of the following individuals? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span> (a) a veteran who died of a service connected disability; (b) a veteran who has a total service-connected disability; (c) a member of the Armed Forces serving on active duty who has been listed for a total of more than 90 days in one of the following categories: (I) missing in action; (II) captured in line of duty by a hostile force; or (III) forcibly detained in the line of duty by a foreign government?													
34. If you answered 'Yes' to Question 27 or 33 above, you qualify for Special Job Service Veteran's Assistance through the local One Stop Center in your area and, unless told otherwise at the time you complete this application, you should report to that office to register for Veteran's assistance.													

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

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.

Please mail to the following address:  
Florida Department of Economic Opportunity  
P.O. Box 5350  
Tallahassee, FL 32314-5350



REEMPLOYMENT ASSISTANCE APPLICATION  
SUPPLEMENT

35. \*Social Security Number:

36. WORK HISTORY: Complete the following in blue or black ink for the last 3 jobs you have held DURING THE PAST 18 MONTHS PRIOR to the employment you listed in item 12 of the UC310 form. Include self-employment, part-time work, military service, and employment with a government agency. Include all employers regardless of location, type of work performed, or length of job.

Next Most Recent Employer:			Employer ID # (For Office Use Only)
Employer's Street Address:			Dates Worked: FROM: TO:
City:	State:	Zip:	Total Gross Earnings with this Employer: \$
Employer's Local Mailing Address (if different than above):			Total Gross Earnings with this Employer Since Sunday of this Week: \$
City:	State:	Zip:	Occupation or Position Title:
Employer's Telephone Number: ( ) —			Tools/Equipment used:
Reason for Separation: <input type="checkbox"/> Permanent Lay-off <input type="checkbox"/> Suspension <input type="checkbox"/> Temporary Lay-off <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Quit or Voluntary Lay-off <input type="checkbox"/> Discharge, Job Performance <input type="checkbox"/> Working Reduced Hours <input type="checkbox"/> Discharged, Other			Salary Rate: \$  Per: (Hour, Week, Month, Year)

Explain Reason for Separation:

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Tallahassee, FL 32314-5350