



**Please list all of your Employers for the past two (2) years. Include temporary or employee leasing agencies, employers in and outside the USA, the federal government and the military. To list more employers, use a separate piece of paper and attach it to this form. This information will be verified with your employer(s).**

First Most Recent Employer: <span style="float:right">Phone:</span>  Address: (Street or P.O.)  <div style="display: flex; justify-content: space-between;"> <span>City:</span> <span>State</span> <span>ZIP</span> </div> Job Title:	I worked for this employer from: <div style="text-align: center;">to:</div> Check One: <table style="width:100%; margin-left: 20px;"> <tr> <td>Still Working</td> <td>Leave of Absence</td> </tr> <tr> <td>Lack of Work</td> <td>Quit</td> </tr> <tr> <td>Strike/Lockout</td> <td>Fired/Suspended</td> </tr> </table> Total (gross) earnings in above period of work: \$ Rate of pay: \$  <div style="display: flex; justify-content: space-around; font-size: small;"> <span>HR</span> <span>Day</span> <span>WK</span> <span>MO</span> <span>YR</span> </div>	Still Working	Leave of Absence	Lack of Work	Quit	Strike/Lockout	Fired/Suspended
Still Working	Leave of Absence						
Lack of Work	Quit						
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Second Most Recent Employer: <span style="float:right">Phone:</span>  Address: (Street or P.O.)  <div style="display: flex; justify-content: space-between;"> <span>City:</span> <span>State</span> <span>ZIP</span> </div> Job Title:	I worked for this employer from: <div style="text-align: center;">to:</div> Check One: <table style="width:100%; margin-left: 20px;"> <tr> <td>Still Working</td> <td>Leave of Absence</td> </tr> <tr> <td>Lack of Work</td> <td>Quit</td> </tr> <tr> <td>Strike/Lockout</td> <td>Fired/Suspended</td> </tr> </table> Total (gross) earnings in above period of work: \$ Rate of pay: \$  <div style="display: flex; justify-content: space-around; font-size: small;"> <span>HR</span> <span>Day</span> <span>WK</span> <span>MO</span> <span>YR</span> </div>	Still Working	Leave of Absence	Lack of Work	Quit	Strike/Lockout	Fired/Suspended
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I certify under penalty of perjury that I am a citizen of the United States or legally authorized to work in the United States. I understand the questions I have been asked and my answers are true to the best of my knowledge. I understand the law provides penalties for making false statements in order to obtain unemployment insurance benefits. By submitting this application, I hereby request an initial determination of benefits potentially payable to me. I authorize the Employment Department to obtain and use information from any source I provide for administering unemployment insurance. Following this signed Initial Claim form, I understand and authorize my employer to submit Weekly Claim Certification forms on my behalf. I understand I am also responsible for communicating with my employer and the Oregon Employment Department of any changes to my status. I understand that failure to communicate status changes can result in a delay or denial of benefits. I further understand that any overpayment or misinformation is my responsibility. I understand that I can check the status of my claim by calling the Unemployment Insurance (UI) Special Programs Center at the number listed below.

**By checking this box, I certify that I understand that it is my responsibility to know the information in both the Claimant and Work Share Handbooks.**

These handbooks can be found at [www.OregonWorkShare.org](http://www.OregonWorkShare.org)

**\*\*By signing this form electronically, I understand that this electronic signature has the same meaning and validity as my handwritten signature.**

Signature:

Date:

**Oregon Employment Department • Attn: UI Special Programs Center • PO Box 14518 • Salem, Oregon • 97309**

**Phone: (503) 947-1800 • Fax: (503) 947-1833 • [OED\\_workshare@oregon.gov](mailto:OED_workshare@oregon.gov)**

The Oregon Employment Department is an equal opportunity employer/program. Auxiliary aids and services, and alternate formats are available to individuals with disabilities and language services to individuals with limited English proficiency free of cost upon request. TTY/TDD-dial 7-1-1 toll free relay service. Access free online relay service at: [www.sprintrelayonline.com](http://www.sprintrelayonline.com).

El Departamento de Empleo de Oregon es un programa que respeta la igualdad de oportunidades. Disponemos de servicios o ayudas auxiliares, formatos alternos para personas con conocimiento limitado del inglés, a pedido y sin costo. Llame al 7-1-1 para asistencia gratuita TTY/TDD para personas con dificultades auditivas. Obtenga acceso gratis en internet por medio del siguiente sitio: [www.sprintrelayonline.com](http://www.sprintrelayonline.com).

**Disclaimer: If you send this form via email, it may not be secure. If you do not utilize email encryption software we advise you contact the UI Special Program Center at (503) 947-1800 or (800) 436-6191 to sign up with our secure email server. By clicking the submit button you acknowledge that you are responsible for ensuring the protection of the personally identifiable information included in this email.**