



**AVISO IMPORTANTE**

**Application for Basic Emergency Unemployment Compensation (EUC08)**

*Complete this two-page application, SIGN and DATE, and mail to the address at the top of this page. Your claim cannot be processed if you do not sign your application and complete 1 through 6 in Section I, 1 through 3 in Section II, and if necessary, Section III on page 2. Allow a week to ten days to process your claim.*

**SECTION I NAME, ADDRESS, AND SOCIAL SECURITY NUMBER**

1. NAME \_\_\_\_\_ 6. SSN: \_\_\_\_\_  
2. ADDRESS \_\_\_\_\_  
3. CITY \_\_\_\_\_ 4. STATE \_\_\_\_\_ 5. ZIP \_\_\_\_\_

**SECTION II EMPLOYMENT INFORMATION**

**Information you should know:**

First payable week in this EUC Program is 11/29/2008. You will certify for benefits using the same TIPS (Telephone Numbers): Nashville, Tennessee (615) 532-1800; Other Tennessee Areas 1-800-689-9799; and Out-of-State Claimant 1-800-262-8094) or TIPS ([www.tennessee.gov/labor-wfd](http://www.tennessee.gov/labor-wfd)) on Tuesday or Wednesday. Anyone collecting extended benefits must meet the same ongoing eligibility requirements: (1) be able to work, (2) be available for work, and (3) actively seeking employment.

1. Since your last unemployment insurance check was paid, have you worked for an employer in Tennessee, in another state, for the Federal Government, or served in the Armed Forces?  YES  NO

Check all that apply:  Tennessee  Another State  Federal Government  Armed Forces

2. If you have worked, list your most recent employment here:  
**(Failure to disclose any and all employment will result in a significant delay and/or denial of your claim.)**

Employer Name \_\_\_\_\_ Employer Area Code and Phone \_\_\_\_\_

Employer Address Street \_\_\_\_\_ **(List multiple employers on page 2.)**

**(Complete address required.)**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates worked: From (mm/dd/yy) \_\_\_\_\_ To (mm/dd/yy) \_\_\_\_\_

Are you still working?  YES  NO If NO, give reason:  Lay Off  Quit  Discharged  Other

Total gross earnings with this employer: \$ \_\_\_\_\_

**NOTE: If you worked for any additional employers other than the one listed in section number 2, please list those employers on the back of this form.**

3. Can you begin full-time work immediately?  YES  NO

If NO, please explain why you cannot begin full-time work. \_\_\_\_\_

I understand there are penalties for making false statements to obtain benefits and that I must continue to seek work. I certify that the above information is true and correct.

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

\_\_\_\_\_  
Date (mm/dd/yy)

\_\_\_\_\_  
Claimant's Area Code and Telephone  
(where you can be reached)

**SECTION III MULTIPLE EMPLOYERS**

NAME (PLEASE PRINT) \_\_\_\_\_ SSN \_\_\_\_\_

**(1) MOST RECENT WORK** (Regardless of length) \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

OWNER/SUPERVISOR NAME: \_\_\_\_\_

COMPLETE COMPANY ADDRESS: Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

COMPANY AREA CODE AND TELEPHONE NUMBER \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

BEGINNING DATE: (mm/dd/yy) \_\_\_\_\_ ENDING DATE: (mm/dd/yy) \_\_\_\_\_

REASON FOR NOT WORKING:  DISCHARGED  QUIT  LAYOFF FOR LACK OF WORK

**(2) MOST RECENT WORK** (Regardless of length) \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

OWNER/SUPERVISOR NAME: \_\_\_\_\_

COMPLETE COMPANY ADDRESS: Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

COMPANY AREA CODE AND TELEPHONE NUMBER \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

BEGINNING DATE: (mm/dd/yy) \_\_\_\_\_ ENDING DATE: (mm/dd/yy) \_\_\_\_\_

REASON FOR NOT WORKING:  DISCHARGED  QUIT  LAYOFF FOR LACK OF WORK

**(3) MOST RECENT WORK** (Regardless of length) \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

OWNER/SUPERVISOR NAME: \_\_\_\_\_

COMPLETE COMPANY ADDRESS: Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

COMPANY AREA CODE AND TELEPHONE NUMBER \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

BEGINNING DATE (mm/dd/yy) \_\_\_\_\_ ENDING DATE (mm/dd/yy) \_\_\_\_\_

REASON FOR NOT WORKING:  DISCHARGED  QUIT  LAYOFF FOR LACK OF WORK

**PLEASE SIGN AND DATE.**

CLAIMANT'S SIGNATURE: \_\_\_\_\_ DATE: (mm/dd/yy) \_\_\_\_\_