

REEMPLOYMENT ASSISTANCE APPLICATION
SUPPLEMENT

35. *Social Security Number:
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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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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)
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Employer's Street Address:			Dates Worked: FROM: TO:
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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:			

***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.