

**MISSISSIPPI
DEPARTMENT OF EMPLOYMENT SECURITY
INITIAL CLAIM FOR BENEFITS**

UI-501
(R-8/2004)

(PLEASE PRINT)

1. SOCIAL SECURITY NUMBER:									
2. FIRST NAME	MI	LAST NAME							
3. MAILING ADDRESS									
4. CITY	5. STATE			6. ZIP CODE					
7. DO YOU HAVE A DISABILITY? YES <input type="checkbox"/> NO <input type="checkbox"/>									
8. BIRTHDATE	9. RACE			10. SEX					
11. PHONE			12. COUNTY OF RESIDENCE						

FOR CLAIMS OFFICE USE ONLY			
LOGGED:	NOT LOGGED:		
DISPOSITION DATE:	REPORTING POINT NO.:		
DATE FILED:	UI	UCFE	UCX CWC
EFFECTIVE DATE:	NEW <input type="checkbox"/>	ADDL. <input type="checkbox"/>	REOPEN <input type="checkbox"/>
REMARKS: (For Claims Office Use Only)			

EMPLOYMENT INFORMATION: (Work History) Enter information for ALL work performed during the past 18 months. START WITH YOUR LAST JOB AND WORK BACK. Include all temporary or part-time jobs, all jobs outside Mississippi and any Federal or military service.

1.	Most Recent Employer	Phone	DATES WORKED						
	Mailing Address	Job Location (City, State, Zip)	FROM			TO			
	(City, State, Zip)	Type of Work You Did	Rate of Pay	MO	DA	YR	MO	DA	YR
	Reason for Separation: <input type="checkbox"/> Lack of Work/Laid off <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Discharged/Fired <input type="checkbox"/> Labor Dispute/Strike <input type="checkbox"/> Working Part-time <input type="checkbox"/> Other								
2.	Next to Last Employer	Phone	DATES WORKED						
	Mailing Address	Job Location (City, State, Zip)	FROM			TO			
	(City, State, Zip)	Type of Work You Did	Rate of Pay	MO	DA	YR	MO	DA	YR
	Reason for Separation: <input type="checkbox"/> Lack of Work/Laid off <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Discharged/Fired <input type="checkbox"/> Labor Dispute/Strike <input type="checkbox"/> Working Part-time <input type="checkbox"/> Other								
3.	Next Employer	Phone	DATES WORKED						
	Mailing Address	Job Location (City, State, Zip)	FROM			TO			
	(City, State, Zip)	Type of Work You Did	Rate of Pay	MO	DA	YR	MO	DA	YR
	Reason for Separation: <input type="checkbox"/> Lack of Work/Laid off <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Discharged/Fired <input type="checkbox"/> Labor Dispute/Strike <input type="checkbox"/> Working Part-time <input type="checkbox"/> Other								

1. ARE YOU A CITIZEN OF THE UNITED STATES?-----	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. HAS YOUR LAST NAME CHANGED IN THE LAST 2 YEARS? -----	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. WERE YOU TOLD YOU WOULD BE RECALLED BY YOUR EMPLOYER? IF YES, WHEN? _____ Month/Day/Year	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. ARE YOU PRESENTLY ATTENDING OR PLANNING TO ATTEND SCHOOL OR TRAINING? -----	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. ARE YOU PREGNANT? IF YES, WHAT IS THE EXPECTED DELIVERY DATE? _____ Month/Day/Year	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. ARE YOU ENGAGED IN ANY KIND OF SELF-EMPLOYMENT? -----	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. ARE YOU RECEIVING OR HAVE YOU APPLIED FOR A RETIREMENT OR PENSION PAYMENT OF ANY KIND? -----	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. IS THERE ANY REASON YOU CANNOT ACCEPT FULL-TIME WORK? -----	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. DO YOU WISH TO HAVE 10% OF YOUR BENEFIT PAYMENT WITHHELD FOR FEDERAL INCOME TAX? -----	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. HAVE YOU BEEN OFFERED ANY WORK SINCE LAST DAY WORKED? -----	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. WOULD YOU LIKE TO FILE YOUR WEEKLY CLAIM CERTIFICATIONS BY TELEPHONE? -----	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF "YES", PLEASE PROVIDE A PASSWORD. (FOUR TO SIX ALPHA CHARACTERS (LETTERS)) _____		

CERTIFICATION: I hereby register for work and file a claim for benefits under the provisions of the Mississippi Department of Employment Security Law. I am not seeking or receiving benefits under the Unemployment Insurance Law of any other State or the United States. To the best of my knowledge and belief, all statements made are true. I understand the Law provides penalties for making false statements or concealing material facts to obtain or increase benefits. I understand that a copy of my statement as to cause of separation will be mailed to my last employer.

I acknowledge receipt of Form UI-516, Unemployment Insurance Policy.

Claimant's Signature

Signature of Claimstaker