



Discharge – License: Suspension or Loss

Please answer all questions below. Any questions left unanswered will not be considered when determining your eligibility for Unemployment Insurance.

Name: _____ Last Four Digits of Social Security Number: _____

Claimant Statement

1. What was your last physical date of work (mm/dd/yyyy)? _____

2. When were you fired/discharged(mm/dd/yyyy)? _____

3. Who discharged you? Name: _____

Title: _____

4. What reason were you given for being discharged?

5. What is the status of your license? Lost/Revoked Suspended Other

a. If other, please specify:

6. When was your license revoked/suspended (mm/dd/yyyy)? _____

7. When did your employer become aware that your license was no longer valid (mm/dd/yyyy)? _____

8. Why was your license revoked/suspended?

9. Were you informed at the time of hire that a valid license was required for your job? YES NO

10. Was there another job that you could have performed pending a reinstatement of your license?

YES NO

a. If yes, was this offered to you? YES NO

b. If yes, did you accept the new position? YES NO

c. If yes, what is the status of that position?

d. If no, why didn't you want to work in the new position?

11. Does the employer have a policy requiring a valid license to perform your job? YES NO

a. If yes, were you aware of this policy? YES NO

b. If yes, what is your understanding of this policy?

c. How were you made aware of this policy?

Bulletin Board Email Handbook/Handout

Verbally Video Not informed

12. Has there been a prior incident(s) where your license was revoked or suspended? YES NO

a. If yes, what is your understanding of this policy?

b. If yes, were you previously warned by your employer for any prior issues with your license? YES NO

c. If yes, provide date of last warning (mm/dd/yyyy): _____

d. Type of warning: Verbal Written Final

e. Provide details of last warning:

f. Name and title of person who issued the last warning:

Name: _____

Title: _____

13. Provide details of any other warnings you were issued. Include the dates and the name of the individual(s) who issued the warning(s). If you did not have any prior warnings, indicate "None".

14. Enter any additional information you feel may be necessary:

I hereby certify that, to the best of my knowledge and belief, the information I have provided is true. YES NO

Signature: _____ Date: _____

English

Important! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (401) 415-6772** for assistance in the translation and understanding of the information in this document.

American Sign Language

Important! Please visit here for ASL version of this document: https://www.youtube.com/channel/UCQuwufqdfDDY3cLU3nyH_w/videos

Spanish / Español

¡Importante! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (401) 415-6772** para pedir asistencia en traducir y entender la información en este documento.

Chinese - Traditional / 繁體中文

重要須知! 本文件包含**重要資訊**, 事關您的權利、責任, 和/或福利。請您務必理解本文件所含資訊, 而我們也將使用您偏好的語言, 無償為您提供資訊。**請致電 (401) 415-6772** 洽詢翻譯及理解本文件資訊方面的協助。

Vietnamese / Việt

Lưu ý quan trọng! Tài liệu này chứa **thông tin quan trọng** về quyền hạn, trách nhiệm và/ hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. **Hãy gọi (401) 415-6772** để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.

Tagalog / Tagalog

Mahalaga! Naglalaman ang dokumentong ito ng **mahalagang impormasyon** tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo. Napakahalaga na nauunawaan mo ang impormasyong nakapaloob sa dokumentong ito, at ibibigay namin nang libre ang impormasyon sa pinili mong wika. **Tumawag sa (401) 415-6772** upang humingi ng tulong sa pagsasaling-wika at pag-unawa sa impormasyong nasa dokumentong ito.

Arabic / العربية

مهم! يحتوي هذا المستند على معلومات مهمة حول حقوقك ومسؤولياتك وأوفوائلك. من الأهمية بمكان فهم المعلومات الواردة في هذا المستند، وسنوفر المعلومات بلغتك المفضلة دون تحميلك أي تكلفة. اتصل على الرقم للحصول على مساعدة في ترجمة المعلومات الواردة في (401) 415-6772 هذا المستند وفهمها.

French / Français

Important ! Ce document contient **des informations importantes** sur vos droits, vos responsabilités et/ou vos allocations. Il est essentiel que vous compreniez les informations contenues dans ce document, et nous vous fournirons gratuitement ces informations dans la langue de votre choix. **Appelez le (401) 415-6772** pour obtenir de l'aide pour traduire et comprendre les informations contenues dans ce document.

Haitian Creole / Kreyòl Ayisyen

Enpòtan! Dokiman sa a gen **enfòmasyon enpòtan** ladan konsènan dwa, responsablite ak/oswa avantaj ou yo. Li ap vrèman enpòtan pou ou konprann enfòmasyon yo ki nan dokiman sa a, epi n ap ba ou enfòmasyon sa yo nan lang ou prefere a gratis. **Rele (401) 415-6772** pou jwenn asistans pou tradui ak pou konprann enfòmasyon ki nan dokiman sa a.

Portuguese / Português

Importante! Este documento contém **informações importantes** sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. **Contacte o número (401) 415-6772** para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

Russian / русский

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Korean / 한국어

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