



PANDEMIC UNEMPLOYMENT ASSISTANCE (PUA) COVID-19 INITIAL APPLICATION

A. PERSONAL INFORMATION (Please answer all questions.)			
1. Claimant's Name (Last Names, Name, Middle Initial)		2. Pandemic Number: COVID-19 2020	3. Nearest PRDOLHR's Local Office to Your Residence:
4. Date (m/d/y):		7. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
5. Postal Address (number, street, municipality or city, country, zip code):		6. Municipality of residence:	
8. E-mail:		9. Phone Number(s):	10. Social Security #:
11. Date of Birth (m/d/y):		12. Ethnicity: <input type="checkbox"/> hispanic or latino, <input type="checkbox"/> not hispanic or latino, <input type="checkbox"/> unknown.	
13. Race: <input type="checkbox"/> white, <input type="checkbox"/> black or african american, <input type="checkbox"/> asian, <input type="checkbox"/> native american or Alaskan native, <input type="checkbox"/> native of Hawaii or other Pacific Island, <input type="checkbox"/> more than one race, <input type="checkbox"/> unknown race.		14. Level of Education:	
15. Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Are you a union worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. What was your last occupation? If none, indicate Not Applicable.		18. Did your employer offer to call you back to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of reemployment (m/d/y):	
19. Did you receive payment for the liquidation of vacation or sick leave? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of the corresponding pay-stub(s).		20. Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, provide number of legal visa or resident card:	
21. For interstate PUA claims: Would you like PRDOLHR to make federal withholdings from your PUA compensation? It not an interstate PUA claim, select Not Applicable. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
22. Are you a participant of any studies or training of an occupation in demand approved by the Director of the Bureau of Employment Security (BES)? (See list of occupations: <a href="http://www.trabajo.pr.gov/seguro_por_desempleo.asp">www.trabajo.pr.gov/seguro_por_desempleo.asp</a> )..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate whether it is: <input type="checkbox"/> University level <input type="checkbox"/> Not University level. End date of studies or training (m/d/y):			
23. Are you the recipient of a pension, either governmental, private, or through Social Security Disability benefits (excluding alimony and/or age-based Social Security benefits)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide evidence of the amount received monthly for each pension. For recipients of Social Security Disability Benefits, provide evidence of any existing work permits.			
24. Do you make or owe child support payments?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate in what state:			
25. Have you received or applied for unemployment compensation in any other state?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate in what state and the date in which you filed (m/d/y):			
DO NOT WRITE ON THIS PSACE – FOR USE OF LOCAL OFFICE ONLY			
Union _____ Education Level _____ ERE Classification _____ Occupational Classification _____ 3(f) _____ Type of Claim _____ Monetary? _____		Registered with BES: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Registered (m/d/y): _____ Program _____ Interviewer _____ Local Office _____ Count? _____	
B. EMPLOYMENT INFORMATION (Please answer all questions.)			
26. Since when have you been unemployed as a direct result of COVID-19? (m/d/y):			
27. When did the unemployment period end, if at all. (m/d/y):			
28. Check all sources of income or livelihood at the time of the COVID-19 pandemic (at least one must be checked): <input type="checkbox"/> Employment <input type="checkbox"/> Pension <input type="checkbox"/> Agriculture/Farming <input type="checkbox"/> Professional Services <input type="checkbox"/> Business Owner <input type="checkbox"/> Other source of income: _____ <input type="checkbox"/> Did not have income			
29. Did you quit your job as a direct result of COVID-19? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.			
30. Did you become the breadwinner or major support for a household because the head of household has died as a direct result of COVID-19?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.			
31. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.			

32. Have you been diagnosed with COVID-19 or are experiencing symptoms of COVID-19 and are seeking a medical diagnosis?  Yes  No  
If yes, explain.

33. Are you unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19? .....  Yes  No  
If yes, explain.

34. Has a member of your household been diagnosed with COVID-19?.....  Yes  No  
If yes, explain.

35. Are you providing care for a family member or a member of your household who has been diagnosed with COVID-19?  Yes  No  
If yes, explain.

36. Is your child or other person from your household, for which you have primary caregiving responsibility, unable to attend school or another care facility that is closed as a direct result of the COVID-19 public health emergency and such school or care facility is required for you to be able to work?.....  Yes  No  
If yes, explain.

37. Is your place of employment closed as a direct result of the COVID-19 public health emergency?.....  Yes  No  
If yes, explain the reason for closure, indicate the date it closed and date scheduled to work after the company reopens.

38. Were you scheduled to commence employment and do not have a job or are unable to reach the job as a direct result of the COVID-19 public health emergency?.....  Yes  No  
If yes, state the employer's name, address and phone number, as well as the date (m/d/y) you were scheduled to begin employment.

39. Explain any other reason why the COVID-19 pandemic has caused you to be unemployed or partially unemployed.

**C. JOB HISTORY:**

- Check here  if you do not have employment history prior to the COVID-19 state of emergency, and continue to Claimant's Certification.
- Check here  if all of your income was from self-employment and continue to Claimant's Certification. You are also required to fill out and submit the PUA Declaration of Employment and Wages PR-PUA-2.
- If you earned wages while working for any employer (including federal civil service, active military service y employment in the United States) during the last 18 months, you must complete this Job History section. Start with the most recent employer going back chronologically.

38. Employer's Name and Address (number, street, municipality or city, country, zip code):	39. Occupation:	40. Hours Worked Weekly:	<b>DO NOT WRITE IN THIS SPACE</b> Employer Number _____ Industrial Classif. _____ Legal Entity _____ S N A _____ Separation Code _____ Industrial State _____
41. Employment Start Date (m/d/y):	42. Employment End Date (m/d/y):		
43. Duties Performed:	44. Reason for Unemployment:		
45. Employer's Name and Address (number, street, municipality or city, country, zip code):	46. Occupation:	47. Hours Worked Weekly:	<b>DO NOT WRITE IN THIS SPACE</b> Employer Number _____ Industrial Classif. _____ Legal Entity _____ S N A _____ Separation Code _____ Industrial State _____
48. Employment Start Date (m/d/y):	49. Employment End Date (m/d/y):		
50. Duties Performed:	51. Reason for Unemployment:		

52. Employer's Name and Address (number, street, municipality or city, country, zip code):	53. Occupation:	54. Hours Worked Weekly:	<b>DO NOT WRITE IN THIS SPACE</b> Employer Number <hr/> Industrial Classif. <hr/> Legal Entity <hr/> S N A <hr/> Separation Code <hr/> Industrial State <hr/>
55. Employment Start Date (m/d/y):	56. Employment End Date (m/d/y):		
57. Duties Performed:	58. Reason for Unemployment:		
<b>CLAIMANT'S CERTIFICATION:</b> I certify under penalty of perjury that the information I have provided here is correct. I have volunteered it for the purpose of obtaining Pandemic Unemployment Assistance (PUA) for COVID-19. I am aware that the law provides civil and criminal penalties, including criminal charges, for offering false or fraudulent information, including misrepresentation, or hiding material facts for the purpose of obtaining payments of benefits to which I am not entitled.			
Applicant's Signature		Interviewer's Signature	
<b>DO NOT WRITE ON THIS PSACE – FOR USE OF LOCAL OFFICE ONLY</b>			
DATE REGISTERED IN SABEN:	REGISTERED IN SABEN BY:	SUPERVISOR'S SIGNATURE	