



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
DEPARTMENT OF LABOR - OFFICE OF THE SECRETARY**



**Pandemic Unemployment Assistance  
&  
Federal Pandemic Unemployment Compensation**

**Initial Application**

Government Bldg. No. 1356, Capitol Hill, P.O. Box 10007, Saipan, MP 96950  
Telephone No (670) 664-3196  
Website: [www.marianaslabor.net](http://www.marianaslabor.net)

## FILE A PUA CLAIM

Are you attempting to file a Pandemic Unemployment Assistance (PUA) claim at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Social Security Number</b>			
Social Security Number (SSN):		-	-
Re-enter Social Security Number:		-	-
<b>Login Information</b>			
Choose a User Name:		<i>Enter User Name (3 - 20 characters, and must include characters, letters or numbers. Allowable characters are + @ . _)</i>	
<i>Password and Security Question/response will be pre-filled by the system</i>			
<b>Primary Location Information</b>			
Country:		Please enter your zip code:	
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Email Address</b>			
Primary Email:		Confirm primary Email address:	
<b>Demographic Information</b>			
Date of Birth: / /		Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to answer
<b>Name</b>			
First Name:		Middle Initial:	Last Name:
<b>If you have worked under a different name than what has been entered, enter name worked under</b>			
First Name:		Middle Initial:	Last Name:
<b>Residential Address</b>			
Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, provide the address of the shelter / location you last stayed in or the address of a relative who is authorized to receive your mail. Under Mailing address, provide an address at which you can receive correspondence.</i>			
<i>This is where you live. You may use your mailing address or PO Box if no residence address exists.</i>			
Address Line 1:		Address Line 2:	
Zip Code:	City:	State:	Country:
<b>Mailing Address</b>			
<i>This is where you receive your mail.</i>			
Use residential address: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address Line 1:		Address Line 2:	
Zip Code:	City:	State:	Country:
<b>Phone Numbers</b>			
Primary Phone:		-	
Primary Phone Type:			
<input type="checkbox"/> Cell/Mobile <input type="checkbox"/> Relative's Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Home <input type="checkbox"/> Other			
Alternate Phone:		-	
Alternate Phone Type:			
<input type="checkbox"/> Cell/Mobile <input type="checkbox"/> Relative's Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Home <input type="checkbox"/> Other			
Text Message Cell Phone Number:		-	
<i>Only certain communications such as Virtual Recruiter Alerts can be sent via text message. Normal text messaging rates apply. Other important notices, including some regarding unemployment benefits, will NOT be sent via text message.</i>			
Fax:		-	
<b>Preferred Notification Method</b>			
Please select a method in which you prefer to receive your notifications:			
<input type="checkbox"/> Internal Message <input type="checkbox"/> Email <input type="checkbox"/> Text Message (if available) <input type="checkbox"/> Text Message notification (if available)			
<input type="checkbox"/> Internal Message with Email Notification			
<b>Site Access</b>			
From where are you accessing this website?			
<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Library <input type="checkbox"/> Career Center <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> College			
<input type="checkbox"/> Other <input type="checkbox"/> Community Center <input type="checkbox"/> Job Fair <input type="checkbox"/> Place of Worship <input type="checkbox"/> Military Location <input type="checkbox"/> Correctional Facility			
<input type="checkbox"/> Youth Center <input type="checkbox"/> Smart Phone / PDA			
<b>Citizenship</b>			
Citizenship – Choose one			
<input type="checkbox"/> Citizen of U.S. or U.S. Territory			
<input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Alien / Refuge Lawfully Authorized to Work in U.S. <input type="checkbox"/> Citizen of Freely Associated States			
<b>Choose One:</b>			

## FILE A PUA CLAIM

<input type="checkbox"/> US Permanent Resident	<input type="checkbox"/> Alien/Refugee Lawfully Authorized to Work in U.S.	<input type="checkbox"/> Citizen of Freely Associated States
Select Document Type:		
<input type="checkbox"/> Certificate of Citizenship		
Citizenship Certificate Number:	Enter Alien / USCIS Number:	
<input type="checkbox"/> DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)		
SEVIS ID:	USCIS (Alien Registration) Expiration Date:	/ /
Passport Number:	I-94 Number:	
<input type="checkbox"/> I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Status)		
SEVIS ID:	USCIS (Alien Registration) Expiration Date:	/ /
Passport Number:	Country of Issuance:	I-94 Number:
<input type="checkbox"/> I-327 Reentry Permit		
Enter Alien / USCIS Number:	USCIS (Alien Registration) Expiration Date: / /	
<input type="checkbox"/> I-551 Permanent Resident Card	<input type="checkbox"/> Document was issued before Dec. 1997:	
Card Number: AAA	Alien / USCIS Number:	
<input type="checkbox"/> I-551 Permanent Resident Card	Document was <b>NOT</b> issued before Dec. 1997:	
Card Number:	Document Exp. Date: / /	Alien / USCIS Number:
<input type="checkbox"/> I-571 Refugee Travel Document		
Document Exp. Date: / /	Alien / USCIS Number:	
<input type="checkbox"/> I-766 Employment Authorization Card		
Card Number:	USCIS (Alien Registration) Expiration Date: / /	
<input type="checkbox"/> I-94 (Arrival/Departure Record) in Unexpired Foreign Passport		
<input type="checkbox"/> Machine Readable Immigrant Visa (with Temporary I-551 Language)		
Passport Number:	Passport Exp. Date: / /	
I-94 Number:	Country of Issuance:	
Visa Number:	SEVIS ID:	
<input type="checkbox"/> I-94 Arrival/Departure Record		
I-94 Number:	USCIS (Alien Registration) Expiration Date: / /	
SEVIS ID:		
<input type="checkbox"/> Naturalization Certificate <input type="checkbox"/> Naturalization Certificate was issued before 1996:		
Naturalization Number:	Alien / USCIS Number: 999999999	
<input type="checkbox"/> Naturalization Certificate - <i>Naturalization Certificate was NOT issued before 1996</i>		
Naturalization Number:	Alien / USCIS Number:	
<input type="checkbox"/> Other Select One: <input type="checkbox"/> Alien / USCIS Number <input type="checkbox"/> I-94 Number		
If Alien / USCIS Number is selected: Alien / USCIS Number:		
Other documentation description:		
If I-94 Number is selected: I-94 Number:		
Other documentation description:		
<input type="checkbox"/> Temporary I-551 Stamp (on passport or I-94)		
Passport Number:	Passport Exp. Date: / /	
Alien / USCIS Number:	Country Of Issuance:	
<input type="checkbox"/> Unexpired Foreign Passport		
Passport Number:	Passport Exp. Date: / /	
Country of Issuance:	I-94 Number:	SEVIS ID:
<input type="checkbox"/> If Citizen of Freely Associated States: Enter USCIS (Alien Registration) Expiration Date: / /		
Enter Alien / USCIS Number:		
<b>Disability</b>		
Do you wish to disclose a disability?		
<input type="checkbox"/> Yes, I have a disability I wish to disclose <input type="checkbox"/> No, I do not have a disability <input type="checkbox"/> I do not wish to answer		
If yes, are you receiving Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, are you receiving Social Security Disability Insurance (SSDI)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Child Support Deductions</b>		
Do you make or owe child support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, enter the following, if known		
Case ID Number:	Responsible State or Territory:	Responsible County:
Child Support Weekly Amount:	Deduction Start Date: / /	

Court Order Date:     /     /	Child Support Percent:	
<b>Education Information</b>		
Your Highest Education Level Achieved:		
<i>If you have a High School Diploma or High School Equivalency Diploma, please select the appropriate value of High School Diploma or High School Equivalency Diploma.</i>		
<input type="checkbox"/> No School Grades Completed <input type="checkbox"/> 1 <sup>st</sup> Grade Completed <input type="checkbox"/> 2 <sup>nd</sup> Grade Completed <input type="checkbox"/> 3 <sup>rd</sup> Grade Completed <input type="checkbox"/> 4 <sup>th</sup> Grade Completed <input type="checkbox"/> 5 <sup>th</sup> Grade Completed <input type="checkbox"/> 6 <sup>th</sup> Grade Completed <input type="checkbox"/> 7 <sup>th</sup> Grade Completed <input type="checkbox"/> 8 <sup>th</sup> Grade Completed <input type="checkbox"/> 9 <sup>th</sup> Grade Completed <input type="checkbox"/> 10 <sup>th</sup> Grade Completed <input type="checkbox"/> 11 <sup>th</sup> Grade Completed <input type="checkbox"/> 12 <sup>th</sup> Grade Completed & did not receive diploma or equivalent <input type="checkbox"/> Certificate of Attendance / Completion (Disabled Individuals) <input type="checkbox"/> High School Diploma <input type="checkbox"/> High School Equivalency Diploma <input type="checkbox"/> 1 Year at College, Technical or Vocational School <input type="checkbox"/> 2 Years at College, Technical or Vocational School <input type="checkbox"/> 3 Years at College, Technical or Vocational School <input type="checkbox"/> Vocational School Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Specialized Degree (e.g. MD, DDS)		
Are you attending school?		
<input type="checkbox"/> Yes, Attending High School, Junior High, Middle, or Elementary School <input type="checkbox"/> Yes, Attending an Alternative High School <input type="checkbox"/> Yes, Attending College or a Technical or Vocational School <input type="checkbox"/> No, Not Attending Any School		
<b>Employment Information</b>		
Current Employment Status:		
<input type="checkbox"/> Working Full Time <input type="checkbox"/> Working Part Time <input type="checkbox"/> Not Working <input type="checkbox"/> Never Worked <input type="checkbox"/> Other		
Type of Business Worked In:		
<input type="checkbox"/> Private Business <input type="checkbox"/> Local Government <input type="checkbox"/> Federal Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> Higher Education <input type="checkbox"/> State Government <input type="checkbox"/> Education (K-12) <input type="checkbox"/> Have Never Worked <input type="checkbox"/> Other		
Within the last 12 months, have you received a notice of termination or layoff from your job or received documentation that you are separating from military service?		
<input type="checkbox"/> Yes, I have received a notice of termination or military separation. <input type="checkbox"/> No, I have not recently received a notice of termination or military separation.		
<b>Farmworker Information</b>		
The following questions do not pertain to work performed on a family farm, ranch, beekeeping, food processing or food manufacturing operation owned by yourself or close relatives.		
Have you worked as a farmworker in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, have you been employed the past 12 months in farm work of a seasonal or temporary nature?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, have you traveled to the job site and are not reasonably able to return to your permanent residence within the same day? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, are you traveling with your family? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, are you traveling with an organized group? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Occupational Licenses and Certificates</b>		
Certificate / License:	Issuing Organization:	Certificate Number:
Certificate / License Type: <input type="checkbox"/> Certifications <input type="checkbox"/> Licenses <input type="checkbox"/> Registration <input type="checkbox"/> Training		
Completion Date:     /     /	Expiration Date:     /     /	
City:	State or Territory:	Country:
<b>Employment - Status</b>		
If offered a job today, could you accept? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, Indicate the reason(s) you could not accept work right now:		
<input type="checkbox"/> Family Responsibilities <input type="checkbox"/> Illness / Disability <input type="checkbox"/> Lack of Transportation <input type="checkbox"/> Other		
If offered a job today, are you available to accept it? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, Indicate the reason(s) you could not accept work right now:		
<input type="checkbox"/> Family Responsibilities <input type="checkbox"/> Illness / Disability <input type="checkbox"/> Lack of Transportation <input type="checkbox"/> Other		
Are you self-employed, or owner of a business, farm or fishing operation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you an elected official? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Major Disaster Information</b>		
Are you unemployed as a direct result of a pandemic or major disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, in what state were you affected?                      What was the major disaster? <input type="checkbox"/> Covid-19		
<b>Self-Certification</b>		

## FILE A PUA CLAIM

Are you self-employed, business owner, worked with a religious entity, or a gig worker whose employment was affected by the COVID-19 virus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, does your business have a name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what is the name?	What is the employer FEIN / SSN?
Are you the owner or sole proprietor of a business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what is the name?	What is the employer FEIN / SSN?
What was your net earnings for the 1 <sup>st</sup> quarter of 2020?	
What was your net earnings for the 2 <sup>nd</sup> quarter of 2020?	
What was your net earnings for the 3 <sup>rd</sup> quarter of 2020?	
What was your net earnings for the 4 <sup>th</sup> quarter of 2020?	
Were you working full time or part time? <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
How did the COVID-19 pandemic cause your unemployment or partial unemployment?	
Select the option that best fits your circumstances:	
<input type="checkbox"/> You have been diagnosed with COVID-19 or are experiencing symptoms of COVID-19 and are seeking a medical diagnosis;	
<input type="checkbox"/> A member of your household has been diagnosed with COVID-19;	
<input type="checkbox"/> You are providing care for a family member or a member of your household who has been diagnosed with COVID-19;	
<input type="checkbox"/> A child or other person in your household for which you have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for you to work;	
<input type="checkbox"/> You are 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"/> You are 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;	
<input type="checkbox"/> You were 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;	
<input type="checkbox"/> You have become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19;	
<input type="checkbox"/> You had to quit your job as a direct result of COVID-19; or	
<input type="checkbox"/> Your place of employment is closed as a direct result of the COVID-19 public health emergency;	
<input type="checkbox"/> A reason not listed above.	
Do you currently have a business license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what is your business license number?	
What is the date that you last performed work?        /        /	
Did your employer offer you the ability to telework? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, did your employer offer you the same pay and hours while teleworking? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you accept the telework offer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What date do you expect to return to work or start your self-employment?        /        /	
<b>If not self-employed, business owner, worked with a religious entity, or gig worker whose employment was affected by the COVID-19 virus:</b>	
Did your employer offer you the ability to telework? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you receiving sick leave pay or other paid leave benefits that are equal to your normal pay? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When was your last day of actual work?        /        /	
Did you quit your job because of COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, why did you quit?	
<input type="checkbox"/> You have been diagnosed with COVID-19.	
<input type="checkbox"/> A member of your household has been diagnosed with COVID-19 and you are providing care.	
<input type="checkbox"/> A family member has been diagnosed with COVID-19, and you were quarantined due to a doctor or public official's order.	
<input type="checkbox"/> You stopped working after a lack of childcare due to the closing of a school.	
<input type="checkbox"/> You were advised by a health care provider to self-quarantine due to a compromised immune system.	
<input type="checkbox"/> You quit due to a reduction in hours caused by the COVID-19 pandemic.	
<input type="checkbox"/> You become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19.	
<input type="checkbox"/> A reason not listed above.	
Are you laid off due to a lack of work after a business closure caused by COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an expected return to work date? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Were you to start working but was unable to due to the closure of the business caused by COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What date were you supposed to start working?      /      /	
Did you do any type of non W-2 or self-employed work in the last 18 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, does your business have a name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what is the name?	What is the employer FEIN/SSN?
What was your net earnings for the 1 <sup>st</sup> quarter of 2020?	
What was your net earnings for the 2 <sup>nd</sup> quarter of 2020?	
What was your net earnings for the 3 <sup>rd</sup> quarter of 2020?	
What was your net earnings for the 4 <sup>th</sup> quarter of 2020?	
<b>Acknowledgement</b>	
I acknowledge that I understand that making the certification is under penalty of perjury and intentional misrepresentation in self-certifying that I may fall in one or more of these categories is fraud. <input type="checkbox"/> Yes, I understand	
<b>Job Title</b>	
What is your desired job title?	
<b>Job Occupation</b>	
Occupation Title:	
<b>Ethnic Origin</b>	
Are you of Hispanic or Latino heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to answer	
Race - Please check all that apply: <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> Hawaiian/part Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Micronesian <input type="checkbox"/> Palauan <input type="checkbox"/> Marshallese <input type="checkbox"/> Guamanian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Chamorro <input type="checkbox"/> Carolinian <input type="checkbox"/> Chuukese <input type="checkbox"/> Kosraean <input type="checkbox"/> Pohnpeian <input type="checkbox"/> Rota/Tinian <input type="checkbox"/> Saipanese <input type="checkbox"/> Yapese <input type="checkbox"/> White <input type="checkbox"/> I do not wish to answer	
<b>Military Service</b>	
Veterans and their spouses may be entitled to State and Federal Benefits. Please answer the following questions.	
Are you currently in the military, a veteran or the spouse of a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a caregiver who is a spouse or family member to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the Spouse of someone in the active-duty military service, National Guard or Reserves who is currently activated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Question 1.</b> Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Transitioning Type: <input type="checkbox"/> Within 24 Months of Retirement <input type="checkbox"/> Within 12 Months of Discharge Projected Discharge Date:      /      / Have you received a signed DD-2958 (Service Member Career Readiness Standards/Individual Transition Plan)? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you being involuntarily separated from active duty due to a reduction- in-force? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Question 2.</b> Have you served on active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, did you serve more than 1 tour of duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, enter 1 <sup>st</sup> , 2 <sup>nd</sup> and or third entry dates	
Military Service Begin Date:	/ /
Military Service End Date:	/ /
Second Entry Date:	/ /
Second Discharge Date:	/ /
Third Entry Date:	/ /
Third Discharge Date:	/ /
Military Service Begin Date:	/ /
Military Service End Date:	/ /
Did you serve in the Republic of Vietnam anytime during 2/28/1961 and 05/07/1975? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Branch of Service: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Army or Air National Guard	

## FILE A PUA CLAIM

<b>Most Recent Character of Service Received:</b> <input type="checkbox"/> Honorable <input type="checkbox"/> Under Honorable Conditions (General) <input type="checkbox"/> Under Other Thank Honorable Conditions <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized <input type="checkbox"/> Other			
Received a Military Campaign Badge: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Active in the military reserves:</b> <input type="checkbox"/> Yes, I am active in the military reserves <input type="checkbox"/> No, I am not active in the military reserves <input type="checkbox"/> Not Specified			
<b>Disabled Veteran:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, Disabled <input type="checkbox"/> Yes, Special Disabled (30% or higher)			
If Yes, Disability Percentage: <input type="checkbox"/> 0% <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%			
Homeless Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Referred by Veteran's Voc Rehab (Chapter 31): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently incarcerated or have you been released from incarceration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose			
Within the last 12 months, have you been unemployed for 27 or more weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure			
Have you attended a Transition Assistance Program (TAP) Workshop within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Question 3.</b> Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died from a service connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Question 4.</b> Are you now or have you served in a National Guard or Reserve unit that was called to or is on Active Duty due to armed conflict and/or crisis involving national security (Title 10 Activation)? <input type="checkbox"/> Yes, I am serving <input type="checkbox"/> Yes, I have served <input type="checkbox"/> No, I am not serving			
<b>Payment Information</b>			
PLEASE NOTE that opting to receive paper checks will delay the delivery of benefits as the check is mailed to you. We strongly encourage you to select the direct deposit option to ensure greater security and the immediate delivery of benefits to your bank account.			
What type of benefit payment would you like to receive? <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Paper Check			
If Direct Deposit, enter the following			
Routing Transit Number:		Bank Name:	
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Account Number:	
Confirm Account Number:			
<b>Payment Deductions</b>			
Do you want CNMI Territorial Income Tax withheld? (If yes, it would be 10.00 % of the weekly benefit amount): <i>If no, you are still responsible for paying CNMI Territorial Income Tax when filing your tax return.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Proof of Earnings</b>			
You must provide documentation to support the amount of quarterly wages you entered. If you cannot supply proof, your eligibility may be set at the minimum weekly rate of \$345.00.			
<b>Employment History</b>			
Are there any other employment history items that you would like to add? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>This includes if you are an employee, self-employed, contractor or gig worker. You must provide an employment history.</i>			
<b>Employer</b>			
Employer Name:			
Address:		Address 2:	
Zip Code:	City:	State / Province:	Country:
Phone Number: - -			
Is this your last employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If No, enter another employment history will be required			
Is this employer considered a temporary agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>A temporary agency specializes in finding positions for individuals looking for work on a temporary basis.</i>			
Enter the EMPLOYER'S name (not your name) as shown on your check stub:			
If known, enter the employer's CNMI state tax ID:			
If Maritime, enter the vessel name:			
<b>Job Title</b>			



## FILE A PUA CLAIM

Job Title:	Occupation:
<b>Position</b>	
Type of employment: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Contract <input type="checkbox"/> Internship <input type="checkbox"/> Apprenticeship <input type="checkbox"/> On the Job Training	
Full or part-time: <input type="checkbox"/> Full Time (30 Hours or More) <input type="checkbox"/> Part Time (Less Than 30 Hours) <input type="checkbox"/> Information Not Provided	
Number of Hours a Week You Normally Work? (Excluding Overtime) Gross Salary: Salary is based upon: <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Quarter <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi Monthly Salary is commission-based: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date you began work:      /      /      Are you currently employed with this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Gross earnings this week:	
Partial Employment is defined as a reduction in your normal and customary hours with your regular full-time employer due to a lack of work.	
Reason for Separation: <input type="checkbox"/> Disaster / Pandemic Lack of Work <input type="checkbox"/> Labor Dispute / Strike <input type="checkbox"/> Layoff <input type="checkbox"/> Leave of Absence Hours <input type="checkbox"/> Resigned / Quit <input type="checkbox"/> Part Time or Reduced <input type="checkbox"/> Still Employed <input type="checkbox"/> Still Working Full Time <input type="checkbox"/> Suspended from Work <input type="checkbox"/> Terminated / Fired	
Last day worked:      /      /	
Does the employer intend to recall you within 6 weeks? If unknown select No. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Anticipated Recall Date:      /      /	
Were you separated from this job because you had family responsibilities that you had to attend to? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this employment with an educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a corporate officer or a relative of a corporate officer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you separated from this job because of lack of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Pension / Retirement Information</b>	
Please indicate if you have received, or will receive within the next 52 weeks, payment for any of the following from this employer.	
Pension / retirement benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Pension Type: <input type="checkbox"/> Federal Government <input type="checkbox"/> Local Government <input type="checkbox"/> Military Retirement <input type="checkbox"/> Private Employer <input type="checkbox"/> State Government <input type="checkbox"/> Union Retirement <input type="checkbox"/> 401K / 403B / Personal IRA / KEOGH	
If Yes, Gross Amount: Per <input type="checkbox"/> Week <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Year <input type="checkbox"/> Lump Sum	
Was the retirement mandatory? (selecting No indicates it was voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate the contribution (percentage) paid by employer:      Effective Date:      /      / Indicate the contribution (amount) paid by Claimant:	
401K / 403B / Personal IRA / KEOGH: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Gross Amount: Per <input type="checkbox"/> Week <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Year <input type="checkbox"/> Lump Sum	
Military service connected disability compensation (Answer No if paid by VA): <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Workers' Compensation Information</b>	
If you received or will be receiving Workers' Compensation payments from this employer, please provide the information below.	
Received Workers' Compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Workers' Compensation Type: <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Supplemental Income <input type="checkbox"/> Impairment Income Starting Date:      /      /      Ending Date, if applicable:      /      /	
If Yes, Gross Amount: Per <input type="checkbox"/> Week <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Year <input type="checkbox"/> Lump Sum Date notified:      /      /      Method of contact:	
<b>Additional Employment History</b>	
If you haven't furnished your last employment history, you will need to enter an additional employment history.	
Are there any other employment history items that you would like to add? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Important Agreement</b>	
Certification acknowledgement: By submitting this application I certify that...	



## FILE A PUA CLAIM

1. All information submitted is true and complete,
2. I am responsible to read the PUA Handbook and any other official written material provided to me regarding any benefit program; and
3. I acknowledged that any false statements in this document are punishable pursuant to local law and Section 2102 of CARES Act of 2020, relating to sworn falsification to authorities, and that a person who knowingly makes a false statement or knowingly withholds information to obtain PUA or other benefits commits a criminal offense under local and federal law, and may be subject to a fine, imprisonment, restitution, and loss of future benefits.

☐ Yes, I want to file this claim. ☐ No, I do not want to file this claim.

### WHAT YOU MUST DO TO REQUEST WEEKLY PANDEMIC UNEMPLOYMENT ASSISTANCE BENEFITS

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Immediately after receiving confirmation that your PUA claim has been successfully filed, you MUST file a weekly certification to receive benefits. You cannot be paid for any week(s) that you do not file a weekly certification. After your initial claim filing, you must file your claim certification within the end of each week (Saturday) or payments may be held or denied.   |
| <input type="checkbox"/> | If you begin work, you MUST report ANY earnings for the week you work, even if you have not yet been paid. Include all income, commissions, tips and gratuities. Report the gross amount before deductions.   |
| <input type="checkbox"/> | If you return to work and start earning more than \$494 in wages each week or if you return to your normal pre-pandemic work hours, you MUST STOP FILING YOUR WEEKLY CLAIMS CERTIFICATIONS. If you are still working reduced hours and are earning less than \$495, then you may continue to file your weekly claims certifications.  |
| <input type="checkbox"/> | To be eligible for benefits each week, you MUST be able to go to work each day. If you were offered a job today, you must be able to accept it. You also must look for work by contacting at least three different employers about job openings each week. You should keep a list of your work searches. Your list should include employers' names, addresses (mailing, web, or email), phone numbers, dates of contact, person contacted, how you contacted the employer, and results. |
| <input type="checkbox"/> | If you move, you MUST tell us your new address immediately. Changing your address with the U.S. Postal Service does NOT change your address with us.  |
| <input type="checkbox"/> | You will receive a notice in the mail from us with important information about your claim. The notice will tell you how much you may receive each week in benefits, the maximum amount you could receive, and how long your claim could last.   |
| <input type="checkbox"/> | Benefits will be paid either by check or by direct deposit. You can download the Direct Deposit Form from our website at <a href="http://www.hiremarianas.com">www.hiremarianas.com</a> .   |

### Please check the box below to indicate that you certify the truthfulness of your application

I certify that the information I have provided on this application is true, accurate, and complete to the best of my knowledge. ☐

### Please Note: Benefits can be paid ONLY if you meet ALL eligibility requirements.

The information above includes some of what is in your Rights and Responsibilities document.

### Claimant's Computer Access

Benefits Right Information was briefly explained to you. You are entitled to have a full copy of this information which is found on our website.

Do you have access to a computer to view or print your Benefit Rights Information document? ( Department of Labor – Division of Employment Services, Capitol Hill, BLDG# 1334, relative or friend with a PC) ☐ Yes ☐ No