STATEMENT OF EMPLOYMENT AND WAGES

UNEMPLOYMENT INSURANCE/BENEFITS AREA

SFN 44140 (Rev. 6-2011)

Disaster Number: FEMA 1981 -DR-ND

Name (Last, First)	Social Security Number*

APPLICANT EMPLOYMENT

In order to compute the amount of my weekly entitlement to DISASTER UNEMPLOYMENT ASSISTANCE, I certify I had the following employment, self-employment, and earnings during calendar year 2010.

Name and Address of Employer (or Self-Employment)	Period Employed		Total Gross/Net* Earnings	Weekly Wage	Hours Worked Weekly
	From	To			
1.			$	$	
2.			$	$	
3.			$	$	
4.			$	$	
5.			$	$	
6.			$	$	

*Report **NET** earnings if self-employed and **GROSS** earnings if a wage earner.

☐ **IMPORTANT**: I certify I must furnish documentation to substantiate the employment or self-employment upon which this application is filed to support that you were employed or self-employed on the date the major disaster occurred. If you are a self-employed individual, you must also submit a copy of your 2010 federal income tax forms to establish your monetary entitlement. Failure to provide this documentation within 21 days of the date you filed your claim will result in denial of DUA benefits and you will be required to repay any DUA benefits paid to date.

☐ **APPLICANT CERTIFICATION**: I certify the information provided on this form is correct and I have supplied the information in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know federal funds are provided and penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments which I am not entitled to receive under the ACT.

Name	Date	For Internal Use Only
	=today()	

*In compliance with the Privacy Act of 1974, a Social Security Number is mandatory on this form pursuant to 20 CFR 666.150 and/or North Dakota Century Code 52-02-02. This number is used by Job Service North Dakota for identification, federal and state tax, program eligibility purposes and program performance accountability.

Job Service North Dakota is an equal opportunity employer/program provider.
Auxiliary aids and services are available upon request to individuals with disabilities.

Select One

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