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Online Services For Individuals

NY.GOV ID

This page is for NY.GOV IDs only.
Your SSN/PIN will not work on this page.

NY.GOV Username

NY.GOV Password

Sign In

Forgot your [Username](#) or [Password](#) ?

[NY.GOV - Terms of Service](#)

Create NY.GOV Account

For the best performance with this application, please use one of these

Welcome to Online Services

Your path to JobZone and Unemployment Insurance benefits online

This is your single entry point for JobZone and Unemployment Insurance services. When you sign in, you may be asked for certain information you provide allows us to deliver relevant and timely assistance. It is important that your information is as accurate and up to date as possible. Depending upon the services you access, you may have to enter the same information more than once. We ask for your patience in this process. To improve your employment opportunities, your resume may be shared with potential employers.

IMPORTANT: Please do not use the 'BACK' button on your browser using Online Services.

Use Online Services to:

- Search for jobs through our JobZone website - available 24 hours a day, seven days a week
- Manage your JobZone profile
- Explore careers, training opportunities and other resources for job seekers

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Account Overview

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Account Overview

TEST MSG

UI Important Information

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- Payment and Tax Withholding Options
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Online Services

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[Home](#) » [Online Services For Individuals](#) » Unemployment and Employment Services Registration

Unemployment and Employment Services Registration

 We have recently updated our registration procedures for Unemployment and Employment Services to better serve you. Please verify or fill out the following information so that it is up to date. This should only take a few minutes.

[Continue](#)

[Cancel and Return](#)

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Contact Information



Is your mailing address a PO Box? *

---Select---

Address *

1 Rainbow Drive

Apartment #

City *

Albany

State *

New York

Zip *

12208

Country *

United States

Telephone number ?

####

Alternative Telephone Number ?

####

New York State driver's license or NYS non-driver photo ID card number ?

What is your preferred method of contact? * ?

Postal

What is your preferred language? * ?

English

Next

Contact Information



Is your mailing address a PO Box? *

Address *

Apartment #

City *

State *

Zip *

Country *

Telephone number ?

Alternative Telephone Number ?

New York State driver's license or NYS non-driver photo ID card number ?

What is your preferred method of contact? * ?

What is your preferred language? * ?

Next >

Demographic Information



Disability status *

Not Disabled ▼

Are you registered with the selective service? *

---Select--- ▼

◀ Previous

Next ▶

Demographic Information



Disability status *

Not Disabled ▼

Are you registered with the selective service? *

No ▼

◀ Previous

Next ▶

Education Information



Did you obtain your employment through a union hiring hall? *

What is your highest level of education completed? *

Are you attending school or have you been accepted to a school or training program of at least 12 classroom or credit hours a week? *

This is the information we have on file for you. If you would like to edit it, you can do so in your JobZone account. Please enter your certification information into the table and use the buttons to add or remove certifications.

Certification Information			
Certificate Name *	Issuing Organization *	Country *	Delete

Add Certification

Previous

Next

Education Information



Did you obtain your employment through a union hiring hall? *

No ▾

What is your highest level of education completed? *

12th Grade(HighSchool Grad) ▾

Are you attending school or have you been accepted to a school or training program of at least 12 classroom or credit hours a week? *

No ▾

This is the information we have on file for you. If you would like to edit it, you can do so in your JobZone account. Please enter your certification information into the table and use the buttons to add or remove certifications.

Certification Information			
Certificate Name *	Issuing Organization *	Country *	Delete

Add Certification

Previous

Next

Employment Details



These questions will help us to provide better services. Please provide as much detail as possible.

Employment Status *

Employed Received Termination Notice ▼

Are you a migrant/seasonal worker? *

No ▼

Were you told by your employer that your lay off was temporary and that you would be returning to work for the same business on a specific date? *

----Select---- ▼

This is the information we have on file for you. Please enter your desired job titles information into the table and use the buttons to add or remove desired job titles.

Preferred Job Title	
Job Title *	Action

Add Job Title

Job Skills

This is the information we have on file for you. If you would like to edit it, you can do so in your JobZone account. You may add additional entries at this time.

Work History							
Employer Name *	Onet Job Title *	Job Description/Duties *	Start Date *	End Date *	Physical Work Location - Address 1 *	Phone #	Delete

Add Work History

Previous

Next

Job Title Results



Preferred Job Title *

 Search Jobs

Preferred Job Title

Select	Job Title *	Job Description *
--------	-------------	-------------------

 Cancel

Job Title Results



Preferred Job Title *

secretary

 Search Jobs


Preferred Job Title

Select	Job Title *	Job Description *
--------	-------------	-------------------

 Cancel

Job Title Results

Preferred Job Title *

 Search Jobs

Preferred Job Title		
Select	Job Title *	Job Description *
<input type="checkbox"/>	Chief Executives	Determine and formulate policies and provide overall direction of companies or private and public sector organizations within guidelines set up by a board of directors or similar governing body. Plan, direct, or coordinate operational activities at the highest level of management with the help of subordinate executives and staff managers.
<input type="checkbox"/>	General and Operations Managers	Plan, direct, or coordinate the operations of public or private sector organizations. Duties and responsibilities include formulating policies, managing daily operations, and planning the use of materials and human resources, but are too diverse and general in nature to be classified in any one functional area of management or administration, such as personnel, purchasing, or administrative services.
<input type="checkbox"/>	Administrative Services Managers	Plan, direct, or coordinate one or more administrative services of an organization, such as records and information management, mail distribution, facilities planning and maintenance, custodial operations, and other office support services.
<input type="checkbox"/>	Education Administrators, Postsecondary	Plan, direct, or coordinate research, instructional, student administration and services, and other educational activities at postsecondary institutions, including universities, colleges, and junior and community colleges.
<input type="checkbox"/>	Managers, All Other	All managers not listed separately.
<input type="checkbox"/>	Social Workers, All Other	All social workers not listed separately.
<input type="checkbox"/>	Community and Social Service Specialists, All Other	All community and social service specialists not listed separately.
<input type="checkbox"/>	Postsecondary Teachers, All Other	All postsecondary teachers not listed separately.
<input type="checkbox"/>	Audio-Visual and Multimedia Collections Specialists	Prepare, plan, and operate multimedia teaching aids for use in education. May record, catalogue, and file materials.
<input type="checkbox"/>	Umpires, Referees, and Other Sports Officials	Officiate at competitive athletic or sporting events. Detect infractions of rules and decide penalties according to established regulations. Includes all sporting officials, referees, and competition judges.
<input type="checkbox"/>	Public Relations Specialists	Engage in promoting or creating an intended public image for individuals, groups, or organizations. May write or select material for release to various communications media.
<input type="checkbox"/>	Interpreters and Translators	Interpret oral or sign language, or translate written text from one language into another.
<input type="checkbox"/>	Medical Records and Health Information Technicians	Compile, process, and maintain medical records of hospital and clinic patients in a manner consistent with medical, administrative, ethical, legal, and regulatory requirements of the health care system. Process, maintain, compile, and report patient information for health requirements and standards in a manner consistent with the healthcare industry's numerical coding system.
<input type="checkbox"/>	Medical Assistants	Perform administrative and certain clinical duties under the direction of a physician. Administrative duties may include scheduling appointments, maintaining medical records, billing, and coding information for insurance purposes. Clinical duties may include taking and recording vital signs and medical histories, preparing patients for examination, drawing blood, and administering medications as directed by physician.
<input type="checkbox"/>	Medical Transcriptionists	Transcribe medical reports recorded by physicians and other healthcare practitioners using various electronic devices, covering office visits, emergency room visits, diagnostic imaging studies, operations, chart reviews, and final summaries. Transcribe dictated reports and translate abbreviations into fully understandable form. Edit as necessary and return reports in either printed or electronic form for review and signature, or correction.

Job Title Results

<input type="checkbox"/>	Medical Records and Health Information Technicians	administrative, ethical, legal, and regulatory requirements of the health care system. Process, maintain, compile, and report patient information for health requirements and standards in a manner consistent with the healthcare industry's numerical coding system.
<input type="checkbox"/>	Medical Assistants	Perform administrative and certain clinical duties under the direction of a physician. Administrative duties may include scheduling appointments, maintaining medical records, billing, and coding information for insurance purposes. Clinical duties may include taking and recording vital signs and medical histories, preparing patients for examination, drawing blood, and administering medications as directed by physician.
<input type="checkbox"/>	Medical Transcriptionists	Transcribe medical reports recorded by physicians and other healthcare practitioners using various electronic devices, covering office visits, emergency room visits, diagnostic imaging studies, operations, chart reviews, and final summaries. Transcribe dictated reports and translate abbreviations into fully understandable form. Edit as necessary and return reports in either printed or electronic form for review and signature, or correction.
<input type="checkbox"/>	Funeral Attendants	Perform variety of tasks during funeral, such as placing casket in parlor or chapel prior to service; arranging floral offerings or lights around casket; directing or escorting mourners; closing casket; and issuing and storing funeral equipment.
<input type="checkbox"/>	First-Line Supervisors of Office and Administrative Support Workers	Directly supervise and coordinate the activities of clerical and administrative support workers.
<input type="checkbox"/>	Switchboard Operators, Including Answering Service	Operate telephone business systems equipment or switchboards to relay incoming, outgoing, and interoffice calls. May supply information to callers and record messages.
<input type="checkbox"/>	Billing, Cost, and Rate Clerks	Compile data, compute fees and charges, and prepare invoices for billing purposes. Duties include computing costs and calculating rates for goods, services, and shipment of goods; posting data; and keeping other relevant records. May involve use of computer or typewriter, calculator, and adding and bookkeeping machines.
<input type="checkbox"/>	Payroll and Timekeeping Clerks	Compile and record employee time and payroll data. May compute employees' time worked, production, and commission. May compute and post wages and deductions, or prepare paychecks.
<input type="checkbox"/>	Municipal Clerks	Draft agendas and bylaws for town or city council; record minutes of council meetings; answer official correspondence; keep fiscal records and accounts; and prepare reports on civic needs.
<input type="checkbox"/>	Eligibility Interviewers, Government Programs	Determine eligibility of persons applying to receive assistance from government programs and agency resources, such as welfare, unemployment benefits, social security, and public housing.
<input type="checkbox"/>	Loan Interviewers and Clerks	Interview loan applicants to elicit information; investigate applicants' backgrounds and verify references; prepare loan request papers; and forward findings, reports, and documents to appraisal department. Review loan papers to ensure completeness, and complete transactions between loan establishment, borrowers, and sellers upon approval of loan.
<input checked="" type="checkbox"/>	Receptionists and Information Clerks	Answer inquiries and provide information to the general public, customers, visitors, and other interested parties regarding activities conducted at establishment and location of departments, offices, and employees within the organization.
<input type="checkbox"/>	Executive Secretaries and Executive Administrative Assistants	Provide high-level administrative support by conducting research, preparing statistical reports, handling information requests, and performing clerical functions such as preparing correspondence, receiving visitors, arranging conference calls, and scheduling meetings. May also train and supervise lower-level clerical staff.

[↓ Show More Results](#)

Add Cancel

Add Work History



i If you still work here, please select today's date as an End Date

Employer Name *

Test Employer

Phone #

518-457-1439

Physical Work Location - address 1 *

5 South Manning Blvd

Physical Work Location - address 2

City *

Albany

State *

New York ▼

Zip *

12208

Start Date *

06/01/2008

End Date *

06/17/2015

Onet Job Title *

Job Description/Duties *

Add Job Title

Add

Cancel

Job Title Results

Preferred Job Title *

 Search Jobs

Preferred Job Title

Select	Job Title *	Job Description *
Select Job Title	Chief Executives	Determine and formulate policies and provide overall direction of companies or private and public sector organizations within guidelines set up by a board of directors or similar governing body. Plan, direct, or coordinate operational activities at the highest level of management with the help of subordinate executives and staff managers.
Select Job Title	General and Operations Managers	Plan, direct, or coordinate the operations of public or private sector organizations. Duties and responsibilities include formulating policies, managing daily operations, and planning the use of materials and human resources, but are too diverse and general in nature to be classified in any one functional area of management or administration, such as personnel, purchasing, or administrative services.
Select Job Title	Administrative Services Managers	Plan, direct, or coordinate one or more administrative services of an organization, such as records and information management, mail distribution, facilities planning and maintenance, custodial operations, and other office support services.
Select Job Title	Education Administrators, Postsecondary	Plan, direct, or coordinate research, instructional, student administration and services, and other educational activities at postsecondary institutions, including universities, colleges, and junior and community colleges.
Select Job Title	Managers, All Other	All managers not listed separately.
Select Job Title	Social Workers, All Other	All social workers not listed separately.
Select Job Title	Community and Social Service Specialists, All Other	All community and social service specialists not listed separately.
Select Job Title	Postsecondary Teachers, All Other	All postsecondary teachers not listed separately.
Select Job Title	Audio-Visual and Multimedia Collections Specialists	Prepare, plan, and operate multimedia teaching aids for use in education. May record, catalogue, and file materials.
Select Job Title	Umpires, Referees, and Other Sports Officials	Officiate at competitive athletic or sporting events. Detect infractions of rules and decide penalties according to established regulations. Includes all sporting officials, referees, and competition judges.
Select Job Title	Public Relations Specialists	Engage in promoting or creating an intended public image for individuals, groups, or organizations. May write or select material for release to various communications media.
Select Job Title	Interpreters and Translators	Interpret oral or sign language, or translate written text from one language into another.
Select Job Title	Medical Records and Health Information Technicians	Compile, process, and maintain medical records of hospital and clinic patients in a manner consistent with medical, administrative, ethical, legal, and regulatory requirements of the health care system. Process, maintain, compile, and report patient information for health requirements and standards in a manner consistent with the healthcare industry's numerical coding system.
Select Job Title	Medical Assistants	Perform administrative and certain clinical duties under the direction of a physician. Administrative duties may include scheduling appointments, maintaining medical records, billing, and coding information for insurance purposes. Clinical duties may include taking and recording vital signs and medical histories, preparing patients

Add Work History



i If you still work here, please select today's date as an End Date

Employer Name *

Test Employer

Phone #

518-457-1439

Physical Work Location - address 1 *

5 South Manning Blvd

Physical Work Location - address 2

City *

Albany

State *

New York ▼

Zip *

12208

Start Date *

06/01/2008

End Date *

06/17/2015

Onet Job Title *

43-4171.00 Receptionists




Add Job Title

Job Description/Duties *

phones, coordinate events

Add

Cancel


 These questions will help us to provide better services. Please provide as much detail as possible.

Employment Status *

Are you a migrant/seasonal worker? *

Were you told by your employer that your lay off was temporary and that you would be returning to work for the same business on a specific date? *

This is the information we have on file for you. Please enter your desired job titles information into the table and use the buttons to add or remove desired job titles.

Preferred Job Title	
Job Title *	Action
43-4171.00 Receptionists and Information Clerks	

 **Add Job Title**

Job Skills

This is the information we have on file for you. If you would like to edit it, you can do so in your JobZone account. You may add additional entries at this time.

Work History							
Employer Name *	Onet Job Title *	Job Description/Duties *	Start Date *	End Date *	Physical Work Location - Address 1 *	Phone #	Delete
Test Employer	43-4171.00 Receptionists and Information Clerks	answer phones, coordinate events	06/01/2008	06/17/2015	5 South Manning Blvd Albany New York 12208	518-457-1439	 

 **Add Work History**

 **Previous**

Next 

Review



Please use the "Edit" button in the right corner of each section to edit your information as needed. Once the information is complete and accurate, click "Submit"

Contact Information

Is your mailing address a PO Box?

No

Address

1 Rainbow Drive

City

Albany

Country

United States

Apartment #

State

New York

Zip

12208

Telephone number

518-457-1438

Alternative Telephone Number

DMV number

What is your preferred method of contact?

Postal

Preferred Language

English

Demographic Information

Disability status

Not Disabled

Are you a US Veteran?

No

Are you registered with the selective service?

No

NO

Employment Details

 Edit

Employment Status

Employed Received Termination Notice

Are you a migrant/seasonal worker?

No

Were you told by your employer that your lay off was temporary and that you would be returning to work for the same business on a specific date?

No

Job Skills

answering phones, coordinating meetings

Preferred Job Title

Job Title

43-4171.00 Receptionists and Information Clerks

Work History

Employer Name	Onet Job Title	Job Description/Duties	Start Date	End Date	Physical Work Location - Address 1 *	Phone #
Test Employer	43-4171.00 Receptionists and Information Clerks	answer phones, coordinate events	06/01/2008	06/17/2015	5 South Manning Blvd Albany New York 12208	518-457-1439

 Submit

Unemployment Insurance Claimant Information

i You might have to enter your Social Security Number (SSN) more than once because when we process your initial application for UI benefits, we also verify that your SSN is correct and really yours. This step ensures your protection from identity theft. Once your application is successfully processed and you sign in with a NY.GOV ID, you will not have to enter your SSN again.

i You are required to create a 4-digit Personal Identification Number (PIN) in order to use this system. Your PIN is a private electronic signature. The use of your mother's maiden name and your PIN is required for security purposes.

The PIN you create is important to remember. You will need it if you call the Telephone Claims Center (TCC). You are responsible for the use of your PIN. Never share your PIN with anyone. You could lose up to 20 weeks of benefits if you allow another person to use your PIN.

If you cannot use our system without the help of another person, you must make sure you are present each time that person enters our system for you. This includes entering your Username and Password. You will be responsible for your helper's actions. You may be subject to penalties, including loss of benefits, if you are not present.

UI Claimant

Social Security Number

*** - ** - 3399

4-Digit PIN *

Confirm PIN *

Mother's Maiden Name *

Confirm Mother's Maiden Name *

Captcha * [?] [\[?\]](#)

Type the two words separated by space in the text box below:





if you are not present.

UI Claimant

Social Security Number

*** - ** - 3399

4-Digit PIN *

Confirm PIN *

Mother's Maiden Name *






NYSDOL

Confirm Mother's Maiden Name *

NYSDOL

Captcha * [\[?\]](#)

Type the two words separated by space in the text box below:

[Privacy & Terms](#)

Click 'Continue' after you type the words.

Trouble reading the words? Click 'Refresh'  for a new set of words.

Submit

Cancel and Return



New York State Department of Labor

Unemployment Benefits
Online

- My Account Services «
- Sign Out «
- Privacy Policy «
- Help «

Unemployment Insurance Benefits Online

Please select from one of the following:

File A Claim

You may use this system to file a claim for unemployment insurance benefits. If you apply for unemployment insurance benefits today, your claim will be effective the Monday of the current week. This online system is available between the hours of 7:30 am to 7:30 pm Monday through Thursday (Eastern Time), Friday, 7:30 am to 5:00 pm, all day Saturday, and Sunday until 7:00 pm.

[File A Claim](#)

Cancel and Sign Out

[Sign Out](#)

Version #: RELEASE 2
Debug information
Mainframe return code: 16
K-claim: false
OC Eligible: true
CC Eligible: false
CI Eligible: false
PO Eligible: false
Is BYE Week: false
BYE Week Date: null
Active claim on file: false
Expired claim on file: false
Partial claim on file: false
Valid claim on file: false
Stop code returned: false
Error code returned: false
PIN:
Require reset PIN: true
Allow reser PIN: false
MWN:
Require MWN: true
Pin reset completed: false
New password completed: true
PIN entry count: 0

COMMAREA details

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New York State Department of Labor

Unemployment Benefits
Online

[My Account Services](#) «

[Sign Out](#) «

[Privacy Policy](#) «

[Help](#) «

Unemployment Insurance Benefits Online

Benefit Payments

Unemployment Insurance benefit payments will either be issued to a single Direct Payment Card or, if you choose, directly deposited into your checking account. If you chose to have your benefits deposited in your checking account on a previous claim, we will deposit your benefits to that account, unless you cancel direct deposit or change the account information.

Direct Payment Card

A Direct Payment Card is valid for **three (3) years** and will be used for current and future claims. If you have not filed a claim for benefits yet, your Direct Payment Card will be mailed to you about one week after you are approved to receive benefits (about three to four weeks after you apply). For security reasons, your Direct Payment Card will arrive in a plain white envelope with a return address of P.O. Box 6320, Aurora, Illinois 60589-0320. Please watch for it in the mail and do not throw it away (even if you sign up for Direct Deposit). When you receive your Card, call Chase Customer Service at 1-877-221-1634 promptly to activate it. Even if you are not currently receiving benefits, you should keep the Card in a secure location. It will re-activate with the same PIN should you be approved for benefits at a later date.

If your card is lost, stolen, damaged or expired, because it has been more than three (3) years since you received it, you must call Chase Customer Service at 1-877-221-1634 to request a replacement card.

You can view at any time your monthly account information and other Direct Payment Card account information at www.myaccount.chase.com.

Direct Deposit

Unemployed workers may choose to have their weekly benefits directly deposited into their checking account. You can have your benefits electronically deposited into your checking account

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New York State Department of Labor

[Complete Original Claim](#)[My Account Services](#) «[Sign Out](#) «[Terms and Conditions](#) «[Privacy Policy](#) «[Help](#) «

Unemployment Insurance Benefits - Filing a New Claim

Can I apply for unemployment insurance benefits?

If you apply for unemployment insurance benefits today, your claim will be effective 6/15/2015. If you have worked or will work four or more days or earn more than \$420.00 gross pay between 6/15/2015 - 6/21/2015, you cannot file your claim at this time. You must wait until next Monday, 6/22/2015, in order to file if you are still unemployed.

What information will I need to file a claim?

To complete the online application, you will need the following information:

- Valid New York State driver's license or Non-Driver Photo Identification Card number (if you have either one)
- Your complete mailing address and zip code
- Telephone number where we can contact you between 8 am and 5 pm Monday through Friday
- Employer Registration number or Federal Employer Identification Number (FEIN) of your most recent employer (FEIN may be found on your W-2 forms), if you have it
- Complete name, address, zip code and phone number of your most recent

Complete Original Claim

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The following TERMS and CONDITIONS apply to your application for Unemployment Insurance Benefits

Provide Complete and Accurate Information	<p>You will have the opportunity to review, edit, and print all of your responses before submitting your claim at the "Review of Application Responses" section.</p> <p>Incomplete or incorrect information may delay your claim and any payments due you. Providing false information or withholding information will result in a loss or reduction of future benefits and may subject you to criminal prosecution.</p>
Submit your Claim	<p>When you have completed your claim select the "Submit Claim" button</p> <p>All the information you have provided will be lost if you exit the application or lose your Internet connection prior to submitting your claim. Do not use your browser's "back" button as you may lose information. Review your responses at the "Review of Application Responses" section.</p>
	<p>After you submit your claim you will see a "Confirmation</p>

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New York State Department of Labor

Complete Original Claim

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[Help](#) «

Application for Unemployment Insurance Benefits

To begin the online application for unemployment insurance benefits, complete the information below. When you have finished, click "Continue."



This week, beginning Monday 06/15/2015, how many days have you worked ?	<input type="text" value="0"/>
This week, beginning Monday 06/15/2015, were your gross earnings more than \$420?	<input type="radio"/> Yes <input checked="" type="radio"/> No
What was the last date that you worked?	<input type="text" value="June"/> <input type="text" value="1"/> <input type="text" value="2016"/> (e.g. 2007)
Did you work in New York State in the last 18 months?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Do you currently live in New York State?	<input checked="" type="radio"/> Yes <input type="radio"/> No
⇒If 'no', In the last 18 months, did you commute on a daily basis from another state to work in New York State?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
⇒If you commuted on a daily basis, are you willing to continue to commute daily to New York State for work?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Were you discharged from the military within the last 18 months?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was your last employment as a federal civilian employee whose last duty station was outside	<input type="radio"/> Yes <input checked="" type="radio"/> No

Complete Original Claim

My Account Services «
Sign Out «
Terms and Conditions «
Privacy Policy «
Help «

Personal Information, Part I

Complete the information below to continue the online application for unemployment benefits. When you have finished, click Continue.



First Name	<input type="text" value="Alex"/>	M.I.	<input type="text"/>
Last Name	<input type="text" value="Eckert"/>		
Enter any other last name under which you worked during the last 18 months	<input type="text"/>		
Date of Birth	<input type="text" value="June"/>	<input type="text" value="15"/>	<input type="text" value="1975"/> (e.g. 2007)
New York State driver's license or the number of your NYS Non-Driver Photo ID card	<input type="text"/>		
	<input type="checkbox"/> I don't have a NY driver's license or NYS Non-Driver Photo ID card.		
How many employers have you worked for in the past 18 months?	<input type="text" value="Select One"/>		
<p style="text-align: center;">Do not use your browser's back button as you may lose information. Review your responses at the "Review of Application Responses" section.</p>			
<input type="button" value="Continue"/>			

Eligibility Information, Part 1

Your answers to the following questions will help us to determine your eligibility for unemployment benefits. When you have finished, click Continue.



1. Did you lose all of your employment in the last 18 months due to [lack of work](#)? Yes No
- 1a. If you answered 'no' to question 1, did you earn more than \$4200 gross pay from your most recent employer? Yes No NA
2. In the past 18 months, were you an employee of an [educational institution](#)? Yes No
- 2a. If you answered 'yes' to question 2, are you filing this claim between academic terms or years, or during a customary vacation or holiday recess? Yes No NA
- ⇒2a.1. If you answered 'yes' to question 2a, have you been given a verbal or written offer of continuing work for an educational institution? Yes No NA
3. Are you currently or were you during the past 18 months an [officer of a corporation](#) in which you have a financial interest or are involved in any decision-making? Yes No
4. During the past 18 months, did you work or perform services for a [business fully or partly owned by a relative](#) or where a relative is a partner or corporate officer? Yes No
- If you answered 'yes' to question 4, please answer questions 4a and 4b.
- 4a. Do you currently perform any duties for the business or are you involved in any decision making for the business? You must report any work activity when you certify for benefits. Yes No NA
- 4b. Is the relative's business a sole proprietorship? Yes No NA
- If you answered 'yes' to question 4b:
- ⇒4b.1 Is the relative your spouse? Yes No NA
- ⇒4b.2 Is the relative your parent? Yes No NA
5. Other than part-time work, on-call work, or owning a single-family rental unit, do you have a business or are you [engaged in any activity](#) which brings in or may bring in income? Yes No

Complete Original Claim

My Account Services «
Sign Out «
Terms and Conditions «
Privacy Policy «
Help «

Eligibility Information, Part 2

Your answers to the following questions will help us to determine your eligibility for unemployment insurance benefits. When you have finished, click Continue.



7. You must be prepared to start employment immediately and be physically and mentally capable of working to receive benefits. Are you [able and available](#) to start work immediately? Yes No

8. To determine if you are totally unemployed, we need to know if you will receive any dismissal or severance payments after 06/15/2015 and not be required to show for work or perform any services. Will you continue to receive payments after 06/15/2015? Yes No

→8a. Is the gross amount of these weekly payments greater than \$420? Yes No Unknown

→8b. Will you, or have you, received a lump sum Dismissal/Severance payment? Yes No

If you answered no to receiving severance pay, but then receive a dismissal or severance payment within 30 days of your last day of employment, you must call the Telephone Claims Center and speak to a representative right away. If you do not call us right away, you may receive an overpayment which you will need to pay back. You may also be subject to penalties.

9. Have you received or will you receive [vacation pay](#) for any period after 06/15/2015? Yes No

→9a. If you answered 'yes' to question 9, did you or your employer schedule this vacation for this period? Yes No NA

10. Have you received or will you receive holiday pay for any period after 06/15/2015? Yes No

You must report any holiday pay received when you certify to benefits for that week.

11. Are you receiving or have you applied for an [employer or union pension](#) from employment you had in the past 18 months? Yes No

Most Recent Employer Information, Part 1

If you know your most recent employer's Federal Employer Identification Number (FEIN), or New York State Employer Registration Number (ER Number), enter the number in the appropriate field below.



The **Federal Employer Identification Number (FEIN)** is a 9-digit number which can be found on your copy of the W-2 form from the employer.

→ Federal Employer Identification Number (FEIN)

If you do not know the FEIN, enter your most recent employer's **New York State Employer Registration Number (ER Number)**. The ER number is a 7-digit number which can be found on the IA 12.3 Record of Employment form which your employer may have provided you.

→ New York State Employer Registration Number (ER Number)

If you do not know the FEIN or the ER number, click Continue to go to the next page.

Do not use your browser's back button as you may lose information. Review your responses at the "Review of Application Responses" section.

Most Recent Employer Information, Part 2

Provide the following information about your most recent employer. When you have finished, click Continue.



Last Employer Name	<input type="text"/>
Address (Number and Street)	<input type="text"/> <input type="text"/>
City	<input type="text"/>
State	Select One ▼
Zip Code	<input type="text"/> + <input type="text"/>
Employer's telephone number (including area code)	<input type="text"/> <input type="text"/> <input type="text"/>
What was your first day of work with this employer?	Month ▼ Day ▼ <input type="text"/> (e.g. 2007)
Last day worked	06/01/2015
What is the reason you are no longer working for your most recent employer? Choose one.	
<input type="radio"/> Lack of work: You lost the job due to lack of work, reduction in force, downsizing, company shutdown, job elimination, company restructuring/reorganization, or lack of company funds/orders.	
<input type="radio"/> Quit: You voluntarily left your job.	
<input type="radio"/> Discharged/Let Go: You were discharged because you were unable to meet employer performance or production standards, or you were unable to meet employer's qualifications for the job.	
<input type="radio"/> Fired: You were fired for a violation of company policy, such as absenteeism, theft, insubordination, drug or alcohol use or a criminal act.	
<input type="radio"/> Strike/Lockout: You are unemployed because of a work stoppage conducted in violation of an existing collective bargaining agreement in the establishment in which you were employed. It is not necessary that you are actually participating in the strike, but only that you are not working because of the strike in the facility in which you worked.	
If you have a definite date to return to work, enter that date.	Month ▼ Day ▼ <input type="text"/> (e.g. 2007)
What was your job title?	<input type="text"/>
Choose your Occupational Group from the following list:	Select One ▼
What was your job location or job site?	<input type="text"/>
<p style="color: red;">Do not use your browser's back button as you may lose information. Review your responses at the "Review of Application Responses" section.</p>	
<input type="button" value="Continue"/>	

Most Recent Employer Information, Part 2

Provide the following information about your most recent employer. When you have finished, click Continue.



Last Employer Name

Address (Number and Street)

City

State

Zip Code

Employer's telephone number
(including area code)

What was your first day of work with
this employer?

(e.g. 2007)

Last day worked *06/01/2015*

What is the [reason](#) you are no longer working for your most recent employer? Choose one.

- Lack of work:**
You lost the job due to lack of work, reduction in force, downsizing, company shutdown, job elimination, company restructuring/reorganization, or lack of company funds/orders.
- Quit:**
You voluntarily left your job.
- Discharged/Let Go:**
You were discharged because you were unable to meet employer performance or production standards, or you were unable to meet employer's qualifications for the job.
- Fired:**
You were fired for a violation of company policy, such as absenteeism, theft, insubordination, drug or alcohol use or a criminal act.
- Strike/Lockout:**
You are unemployed because of a work stoppage conducted in violation of an existing collective bargaining agreement in the establishment in which you were employed. It is not necessary that you are actually participating in the strike, but only that you are not working because of the strike in the facility in which you worked.

If you have a definite date to return to

(e.g. 2007)

Most Recent Occupation Information

You have told us that "Tester" was your most recent occupation. Please select the occupation below that most closely matches your recent occupation. When you have finished, click Continue.



	Job Title	Job Description
<input type="radio"/>	Electrical and Electronic Inspectors and Testers	Inspect and test electrical and electronic systems, such as radar navigational equipment, computer memory units, television and radio transmitters, using precision measuring instruments.
<input type="radio"/>	Precision Devices Inspectors and Testers	Verify accuracy of and adjust precision devices, such as meters and gauges, testing instruments, clock and watch mechanisms, to ensure operation of device is in accordance with design specifications.
<input type="radio"/>	Production Inspectors, Testers, Graders, Sorters, Samplers, Weighers	Inspect, test, grade, sort, sample, or weigh nonagricultural raw materials or processed, machined, fabricated, or assembled parts or products. Work may be performed before, during, or after processing.
<input type="radio"/>	Industrial Engineering Technicians	Apply engineering theory and principles to problems of industrial layout or manufacturing production, usually under the direction of engineering staff. May study and record time, motion, method, and speed involved in performance of production, maintenance, clerical, and other worker operations for such purposes as establishing standard production rates or improving efficiency.
<input type="radio"/>	Inspectors, Testers, Sorters, Samplers, and Weighers	Inspect, test, sort, sample, or weigh nonagricultural raw materials or processed, machined, fabricated, or assembled parts or products for defects, wear, and deviations from specifications. May use precision measuring instruments and complex test equipment.
<input type="radio"/>	Geological Sample Test Technicians	Test and analyze geological samples, crude oil, or petroleum products to detect presence of petroleum, gas, or mineral deposits indicating potential for exploration and production, or to determine physical and chemical properties to ensure that products meet quality standards.
		Develop, create, and modify general computer applications software or

- [My Account Services](#) «
- [Sign Out](#) «
- [Terms and Conditions](#) «
- [Privacy Policy](#) «
- [Help](#) «

Personal Information, Part 2

Provide the following information. When you have finished, click Continue.



Is your Mailing address a PO Box? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Please enter your mailing address below:	
Enter the Number and Street Name or Enter "P.O. Box" and the Number	<input type="text" value="1 Rainbow Drive"/>
<small>(e.g. 123 Main Street or P.O. Box 123)</small>	
Apartment #	<input type="text"/>
City	<input type="text" value="Albany"/>
State	<input type="text" value="New York"/>
Zip Code	<input type="text" value="12208"/> + <input type="text"/>
If your address is a post office box, enter your home address below:	
Number & Street	<input type="text"/>
<small>(e.g. 123 Main Street)</small>	
Apartment #	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="Select One"/>
Zip Code	<input type="text"/> + <input type="text"/>
Telephone (including area code)	<input type="text" value="518"/> <input type="text" value="457"/> <input type="text" value="1438"/>
<input type="checkbox"/> I don't have a telephone.	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Indicate the highest grade you completed in school.	<input type="text" value="Grade 12"/>
Are you a veteran?	<input type="radio"/> Yes <input type="radio"/> No
Are you a citizen of the U.S.?	<input type="radio"/> Yes <input type="radio"/> No
→ If 'no', please enter your Alien Registration number (numbers after the letter "A").	A <input type="text"/>
Do you want 10% of your weekly Unemployment Insurance benefits withheld for Federal taxes ?	<input type="radio"/> Yes <input type="radio"/> No
Do you want 2.5% of your weekly Unemployment Insurance benefits withheld for State taxes ?	<input type="radio"/> Yes <input type="radio"/> No
Would you like a voter's registration form to register to vote where you now live or to change address ?	<input type="radio"/> Yes <input type="radio"/> No

Are you a citizen of the U.S? Yes No

→If 'no', please enter your Alien Registration number (numbers after the letter "A"). A

Do you want 10% of your weekly Unemployment Insurance benefits withheld for [Federal taxes](#)? Yes No

Do you want 2.5% of your weekly Unemployment Insurance benefits withheld for [State taxes](#)? Yes No

Would you like a voter's registration form to register to vote where you now live or to change parties? Yes No

Save a tree!

The Unemployment Insurance Information for Claimants Handbook is available on our website. You can read and print it at any time. You are responsible for reading and following all the information provided in the Handbook and will be held accountable for following these rules. You can choose to have it mailed to you, or you can help the Department of Labor "go green" by reading the Handbook on our website and selecting the "No" button.

Do you want the Unemployment Insurance Information for Claimants Handbook mailed to you?

No - please **do not** mail the Unemployment Insurance Information for Claimants Handbook to me. I know this Handbook is available on this website. I am responsible for reading and following all the information provided in the Handbook. I will be held accountable for following these rules.

Note: If you later decide you want a mailed copy, you may request one from the Telephone Claims Center.

Yes - please mail the Unemployment Insurance Information for Claimants Handbook to me. I know that I am responsible for reading and following all the information provided in the Handbook. I will be held accountable for following these rules.

The following four questions are voluntary. If you do not wish to answer a question, please select the option, "Do not wish to answer." You will not be penalized for choosing not to answer. Information provided will be kept confidential and is intended for use in connection with record keeping and federal equal opportunity reporting requirements. This information will not affect your claim for unemployment insurance benefits.

Ethnicity

Race

Are you a person with a [disability](#)?

What is your preferred language?
If someone is helping you complete this application because you have limited proficiency in English, indicate your preferred language. If your preferred language is not listed, select 'other'.

Do not use your browser's back button as you may lose information. Review your responses at the "Review of Application Responses" section.

Review of Application Responses

- You have completed the unemployment insurance benefits application. Your responses are presented below in tabbed format.
- Verify that the information you have provided is complete and accurate by clicking on each tab below to review your application. To make changes, click the appropriate "edit" button located at the bottom of each tabbed section.
- If you would like to print a copy of your application, click on each tab and then click on your printer icon.

Review Tab Section

Click on each to review.

When you have finished reviewing and verifying all the tabbed sections, click on the box below to verify that you have reviewed your responses. Then click "Submit Claim".

1 Start App

2 Personal Info I

3 Eligibility I

4 Eligibility II

5 Employer Info Ia

6 Employer Info II

7 Personal Info II

Do not use your browser's back button as you may lose information. Review your responses at the "Review of Application Responses" section.

I have reviewed all tabbed sections and verified that the information is true and accurate, and I understand that the law provides penalties for false statements. I understand that if I am not eligible for benefits, I am entitled to a hearing before an administrative law judge at no cost or obligation. If I fail to repay benefits that I received or fail to pay any penalties assessed because I withheld information or gave false information to the Department of Labor, the Department of Labor may take legal action to file a judgment against me. Once entered, a judgment is good and can be used against me for twenty years, and my money, including a portion of my paycheck and/or bank account, may be taken. Also, a judgment will hurt my credit score and can affect my ability to rent a home, find a job, or take out a loan. I also confirm that I am not filing this claim during any period while I was outside of the United States, a U.S. Territory or Canada.

Submit Claim

***** IMPORTANT - READ AND PRINT THIS PAGE *****

In order to complete your claim, you must follow the instructions below under "Call the Telephone Claims Center to Complete Your Claim."

Read and print this page for your records. If you cannot print this page, you should write down the information below so that your claim can be processed.

You chose NOT to have the Unemployment Insurance Information for Claimants Handbook mailed to you. You are responsible for reading the on-line version of this Handbook on this website. You must follow all of the information provided in this Handbook. You will be held accountable for following these rules. Look to "Reminders" below for the Information for Claimants Handbook link.

Look to "Reminders" below for Direct Deposit registration.

Call the Telephone Claims Center to Complete Your Claim

The information that you have provided on the web application has been saved. However, to complete your claim, you must call the Telephone Claims Center (TCC) and speak with a claims specialist to provide additional information about your claim.

- In order for your claim to be effective on Monday of the current week, you must call **the Telephone Claims Center from Wednesday through Friday of this week, from 8:00 am to 5:00 pm Eastern Time.**
- When you call the TCC (1-888-209-8124), choose the option to complete your claim. When you provide your Social Security number and PIN, your call will be transferred to a claims specialist to complete your application.
- Please have a pen and paper ready when you call. The claims specialist will obtain the necessary information to complete your claim, and will provide important information regarding your benefit rights and responsibilities.

ADDITIONAL IMPORTANT INFORMATION FOR YOU

Any additional information in this section is provided to you based on how you responded to the application questions.

When you call, have ready your employers' complete name and address, your pay stubs, and your W-2 form (if you have it), for all of your employers in the past 18 months.

REMINDERS

BENEFIT PAYMENT OPTIONS

→ Direct Payment Card

→ Direct Deposit

Unemployment Insurance benefit payments will either be issued to a single Direct Payment Card or, if you choose, directly deposited into your checking account. If you chose to have your benefits deposited in your checking account on a previous claim, we will deposit your benefits to that account, unless you cancel direct deposit or change the account information.

[Direct Payment Card](#)

A Direct Payment Card is valid for **three (3)** years and will be used for current and

Unemployment Insurance Benefits Online - Department of Labor

Thank you for using the New York State Department of Labor's Unemployment Insurance Benefits Online website.

- Your local New York State Career Center provides a wide range of services to help you return to work. You can visit a New York State Career Center and speak with someone about resume writing, interview skills, apprenticeship opportunities, training grants and more. You can also search our online job listings or attend a job fair. Check out JobZone where you can search for jobs, create customized resumes, research occupations and use the Work Search Record tool to track your job search activities. We also provide priority service to veterans. Go to www.labor.state.ny.us/careerservices/careerservicesindex.shtm for more information.
- Find out about other New York State programs and services at [myBenefits](#). myBenefits is an online tool where you can quickly and confidentially check your eligibility for a range of health and human services programs like nutrition assistance, health insurance, tax credits and the Home Energy Assistance Program.

The Department of State Division of Consumer Protection website provides many resources that can help you through difficult economic times. Go to <http://www.dos.ny.gov/consumerprotection>.

- Find information about credit cards, avoiding scams, protecting your identity and more.
- [Sign up for Do Not Call protection](#) - Place your home or cellular telephone number on the Do Not Call Registry.
- [Learn how to prevent identity theft](#).
- Need help? File a consumer complaint.

The Division of Consumer Protection is on your side. It can:

- Mediate disputes regarding credit card or utility bills
- Act as a troubleshooter for victims of identity theft

The Division of Consumer Protection can intervene directly on your behalf. It will help resolve your complaints by setting up voluntary mediation to settle disputes between you and a business. Their services have helped people save on refunds, rebates, credits and other costs.

These savings are important -- they might keep you from real hardship.

The Division of Consumer Protection has no legal authority to require a business to take specific steps for you -- their mediation work and results are strictly voluntary. See their contact information at:

www.dos.ny.gov/consumerprotection

[Click here to return to the Sign In page.](#)