



**Intervening Employment Questionnaire – Employer**

Claimant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Employer Account #: \_\_\_\_\_

The department has received information that the claimant had intervening employment since the Labor Dispute. The information you provide will be used for the purpose of determining the claimant's eligibility for benefits.

Please complete, sign and return this questionnaire to the Illinois Department of Employment Security Local Office as instructed.

*If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet.*

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined in 820ILCS 405/100-3200. Disclosure of this information is voluntary. However, failure to return this form may result in erroneous payment of Unemployment Insurance benefits which may affect the amount of your liability for contributions or payments in lieu of contributions.

Thank you for your cooperation in this matter.

**Section B: Intervening Employment Information**

Employer Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ Address 2: (Apt., Floor, Suite, etc.) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ +  
 Telephone Number: ( ) - \_\_\_\_\_ Fax Number: ( ) - \_\_\_\_\_  
 What dates was the claimant employed? From: / / To: / /  
 What is the claimants' occupation? \_\_\_\_\_  
 What is the claimant's rate of pay? \$ \_\_\_\_\_ What is the claimant's gross weekly rate of pay? \$ \_\_\_\_\_  
 Was the claimant hired temporarily or permanently? Temporarily Permanently  
 If Temporarily, for how long? \_\_\_\_\_  
 Did the claimant work full or part time? Full Time Part Time  
 If Full Time, to be considered full-time what is the normal number of hours worked for your industry? \_\_\_\_\_ Hours  
 If Part Time, what were the claimant's working hours and/or days? \_\_\_\_\_  
 Did the claimant join the union at this employer? Yes No  
 What is the reason for loss of employment? \_\_\_\_\_

**Section C: Signature**

The information provided is correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name (printed): \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Title: \_\_\_\_\_ Ext.: \_\_\_\_\_