



**Firestone Ag Tire Co
USW SUB Weekly
Benefit Application**

EMPLOYEE NAME	SSN	CLOCK	DEPT.
STREET ADDRESS	SENIORITY DATE	BENEFIT WEEK ENDING	
CITY, STATE, ZIP CODE			LAYOFF DATE

1. I HEREBY APPLY FOR A BENEFIT FOR THIS BENEFIT WEEK
 WAS A STATE OR FEDERAL U.C. CHECK RECEIVED? YES NO

STATE OR FEDERAL UC AMT GROSS \$

2. DID YOU HAVE DURING THAT WEEK ANY EARNINGS
 FROM ANY EMPLOYER OTHER THAN FIRESTONE? YES NO

NAME OF FIRM

GROSS EARNINGS EA. DAY	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL
\$	\$	\$	\$	\$	\$	\$	\$	\$

3. I HAD NO OTHER EARNINGS THAN THOSE REPORTED.

4. I WAS NOT ELIGIBLE FOR AND WAS NOT CLAIMING ANY ACCIDENT OR SICKNESS OR OTHER DISABILITY BENEFIT OR A COMPANY PENSION OR RETIREMENT.

5. I DID NOT RECEIVE AN UNEMPLOYMENT BENEFIT FROM ANY OTHER EMPLOYER NOR AM I ELIGIBLE FOR SUCH A BENEFIT FROM ANY EMPLOYER WITH WHOM I HAVE GREATER SENIORITY THEN WITH THE COMPANY

6. I HEREBY REPRESENT THAT THE INFORMATION I AM FURNISHING IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY INFORMATION AND BELIEF.

7. I HAVE APPLIED FOR OR I HAVE NOT APPLIED FOR FEDERAL EMPLOYMENT COMPENSATION

8. I HEREBY AUTHORIZE THE COMPANY TO EXAMINE THE RECORDS MAINTAINED BY THE STATE WITH RESPECT TO MY UNEMPLOYMENT BENEFIT CLAIMS

EMPLOYEE SIGNATURE: _____ DATE _____

APPROVED BY (FACTORY EMPLOYMENT): _____ DATE _____

PAYROLL _____ WE _____ \$ _____