

Applicant Information

First Name

Last Name

Address

City

State

Zip Code

Date of Birth

Last four of SSN

Employer Information

Employer Name

Employer DWS Account Number

Employer FEIN

Employer Address

City

State

Zip Code

Contact Person

Contact Phone Number

Refusal of Work

Date Offer Employment

Details of Employment

Pre-Employment Drug Screen

Pre-employment Drug Screen

Date of Pre-employment Drug Screen

Details of Pre-employment Drug Screen

No Show for Interview

Date of Scheduled Interview

Time of Scheduled Interview

How was the applicant notified?

Name of person who scheduled the interview

Details of position for which the applicant was being interviewed

Reason applicant gave for missing interview

Did the applicant have multiple interviews?

This form serves as the initial contact with ADWS for possible Unemployment Insurance (UI) claim issues. This form will be processed and if it is determined to effect a claimant's UI benefits, you will be contacted for further information.

Please complete the form and submit to : ADWS.UI.technical.services@arkansas.gov
or mail to your local ADWS Workforce Center.