



Application for work and for unemployment benefits

Received:

A. Information regarding the applicant

Name	ID-number	Citizenship
Address	Postcode	City
Telephone NO.	Mobile phone	E-mail address

B. Work profile

The applicant: <input type="checkbox"/> Is not working <input type="checkbox"/> Full time job <input type="checkbox"/> Part-time job ⇒ What is the work ratio: ____% ⇒ Details: <input type="checkbox"/> Work until noon <input type="checkbox"/> Work from noon <input type="checkbox"/> Shift work <input type="checkbox"/> Other arrangement: _____	Kind of work requested: <input type="checkbox"/> Full time job <input type="checkbox"/> Part time job ⇒ Work ratio: ____% ⇒ Details: <input type="checkbox"/> Work until noon <input type="checkbox"/> Work from noon <input type="checkbox"/> Shift work <input type="checkbox"/> Other arrangement: _____
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C. Job requests

Specify a job title or unskilled work

1 _____ 3 _____
 2 _____ 4 _____

Requests for (tick off one):
 Permanent job ⇒ I can start work (date): _____
 Temporary job ⇒ Period: _____

Other requests (tick off one if applicable):
 I want to work in a different location in Iceland ⇒ Where? _____
 I want to work abroad ⇒ Where? _____

D. Job experience / former jobs held

(Please write down the present job first if you do have a job).

Employer	Job title	Period

E. Workability

Basically able to work

Employable ⇒ Do you include a health certificate for reduced workability? No Yes

⇒ What is the disability ratio: _____ %

F. Education and skills

Are you pursuing any studies at present?

No

Yes ⇒ Which studies?

(Here all relevant information should be written down such as courses, schools, evening schools, distance learning etc.)

⇒ Are the studies credit rated by Icelandic Students Fund (LÍN)? No Yes

Degree: (Write down degree(s) and qualifications and tick off one as the main degree)

Main degree:

Courses and unfinished studies: (Please write down details regarding courses and unfinished studies that you consider relevant to this Application for work)

Do you have drivers licence?

No

Yes >>>

Do you have a vehicle at your disposal?

No

Yes

Drivers licence for other types of vehicles:

(tick off the appropriate)

Advanced licence, details: _____

Drivers licence for industrial machinery and industrial

Licence for a coach / bus

equipment, which: _____ (or fill out form **A.05**)

Licence for a fork-lift

Other drivers licence: _____

Those who have a drivers licence for industrial machinery and industrial equipment may fill out a special form, **A.05**, with further information

G. Various qualifications/skills/competencies

Tick off the appropriate according to the job application

Language knowledge

(Mark with 1=very good, 2=good, 3=fair)

___ Icelandic

___ English

___ Danish or other Nordic language, which:

___ Other languages, which:

Computer literacy

(Mark x where relevant)

Word processing

Spreadsheets (Excel etc.)

Bookkeeping programs, which:

Other computer literacy - details:

Various other qualifications:

(Tick off where appropriate and give details e.g. industry type and level of management)

Office jobs: _____

Craft workers: _____

Shop and market sales workers, assistants: _____

Cleaners: _____

Managers, personnel, management: _____

Personal care: _____

Art/writing: _____

Fishery workers: _____

Branch of trade: _____

Fish processing: _____

Other jobs: _____

H. Other information the applicant consider relevant

I. Former status of the applicant

Tick off the appropriate box and/or provide further details

If the applicant had a job in Iceland:

- Dismissal due to down-cuts
- Dismissal, other reasons
- Bankruptcy of the employer
- Domestic relocation
- Temporary shut-down of operation
- Was self-employed
- Resigned
- Has limited work
- Temporary employment

If the applicant wasn't working:

- Had a job break
- Was home working
- Was student in Iceland

If the applicant was previously living abroad:

- Previously studying abroad
- Previously working abroad
- Previously unemployed abroad

Other reasons for or further details regarding unemployment:

J. Dependents of the Applicant under 18 years of age

Id-Number	Name	Residence other than that of the applicant	Child maintenance*

*Tick off with an x those children to whom you have to pay child maintenance with

K. Information regarding benefits

I. Benefits from **social security**. If applicable state the amount of monthly benefits:

Old-age pension _____ kr. Disability pension _____ kr. Disability support _____ kr.

II. Benefits from **pensions funds**. If applicable the monthly amount must be stated and the name of the pension fund:

Name of pension fund:

Amount of benefits: _____

The origin of benefits:

- Old-age pension
- Disability pension
- Disability support

Name of pension fund:

Amount of benefits: _____

The origin of benefits:

- Old-age pension
- Disability pension
- Disability support

Name of pension fund:

Amount of benefits: _____

The origin of benefits:

- Old-age pension
- Disability pension
- Disability support

III. If you receive **payments other than the above from pension funds** and/or **municipal support / social service support**, we ask you to disclose the origin of these allowances or support:

This information is required so further information will not be needed. In the event that there are discrepancies between the information provided in the application and information received from the State Social Security Institute, Pension funds and the Directorate of Internal Revenue, as such discrepancies might delay the processing of unemployment benefits.

L. Retained entitlement to unemployment benefits

	Description:	Period:	Certificate:
Illness:			
Incarceration:			
Child birth holiday:			
Studies:			
Domestic circumstances:			

M. Information regarding self employment/own business

Applicants for unemployment benefits who have been self-employed during the last 12 months, are currently operation own business or are working for a company where they are majority owners, or are on the board of directors of a company must fill out a special form, VMST A.03.

Self-employed during the last 12 months / operating own business ⇨ Form VMST A.03.

N. Information regarding the payment of Labour Union fees and pension fund premiums from unemployment benefits

Pension fund premiums:

Please specify to which pension fund premium should be paid: _____

Labour union fees:

The undersigned request that labour union fees be deducted from my unemployment benefits and paid to the following labour union: _____

O. Bank / savings bank information

Name of bank/savings bank: _____ Service location / branch: _____

Bank/savings bank number: _____ Ledger Number: _____ Account number: _____

P. Other information which is the applicant considers significant

If the unemployment benefits paid by the Unemployment Insurance Fund are dependent of my income as well as my payment of taxes I authorize the Unemployment Insurance Fund to obtain information from the benefits register of the State Social Security Institute from pension funds and register of the Directorate of Internal Revenue, when necessary. In the event of changes in my situation which may influence this Application, I will inform immediately thereof. I confirm that the above information is correct and according to what I know to be true.

Date and stamp of the employment service

Applicants signature

Anyone trying to obtain unemployment benefits by supplying wrongful and misleading information or by concealing information regarding information or by concealing information regarding his/her status will loose his/her rights to unemployment benefits acc. to Art. 15 of Law No. 12/1997, and the Unemployment Insurance Fund has the right to recover up to double the benefits payment procured by such method acc. to Art. 27 of Law No. 12/1997.