



**Discharge – LICENSE: SUSPENSION OR LOSS**

Please answer all questions below. Any questions left unanswered WILL NOT be considered when determining your eligibility for Unemployment Insurance.

Claimant Name: \_\_\_\_\_

Last 4 Digits of your Social Security #: \_\_\_\_\_ Date completing questionnaire: \_\_\_\_\_

**Claimant Statement**

1. What was your last physical date of work (mm/dd/yyyy)? \_\_\_\_\_

2. When were you fired/discharged(mm/dd/yyyy)? \_\_\_\_\_

3. Who discharged you? Name: \_\_\_\_\_

Title: \_\_\_\_\_

4. What reason were you given for being discharged?

5. What is the status of your license?     Lost/Revoked     Suspended     Other

If other, please specify:

6. When was your license revoked/suspended (mm/dd/yyyy)? \_\_\_\_\_

7. When did your employer become aware that your license was no longer valid (mm/dd/yyyy)? \_\_\_\_\_

8. Why was your license revoked/suspended?

9. Were you informed at the time of hire that a valid license was required for your job?     YES     NO

10. Was there another job that you could have performed pending a reinstatement of your license?     YES     NO

If yes, was this offered to you?     YES     NO

If yes, did you accept the new position?     YES     NO

If yes, what is the status of that position?

If no, why didn't you want to work in the new position?

Rhode Island Department of Labor and Training  
**Unemployment Insurance - Central Adjudication Unit**  
P.O. Box 20067, Cranston, RI 02920 | Fax: 401-462-8318

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11. Does the employer have a policy requiring a valid license to perform your job?  YES  NO  
If yes, were you aware of the policy?  YES  NO  
If yes, what is your understanding of this policy?

How were you made aware of the policy?

- Bulletin Board     Email     Handbook/Handout  
 Verbally     Video     Not Informed

12. Has there been a prior incident or incidents where your license was revoked or suspended?  YES  NO  
If yes, please provide details and dates:

If yes, were you previously warned by your employer for any prior issues with your license?  YES  NO

a. If yes, provide date of last warning (mm/dd/yyyy): \_\_\_\_\_

i) Type of Warning:  Verbal     Written     Final

ii) Provide details of last warning:

iii) Name and title of person who issued the last warning:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

13. Provide details of any other warnings you were issued. Include the dates and the name of the individual(s) who issued the warning(s). If you did not have any prior warnings, indicate "None".

14. Enter any additional information you feel may be necessary:

I hereby certify that, to the best of my knowledge and belief, the information I have provided is true.  YES  NO

Signature: \_\_\_\_\_