

Application for work and 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

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

Specify a job title or 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

Are you:

Generally able to work

Reduced capacity for work ⇒ **Health certificate from a specialist practitioner is needed.**

If capacity for work is reduced: Do you have a disability rating? ⇒ No Yes

F. Children under 18 years of age that are applicant's dependents

ID-number	Name	Maintenance Tick off those children with an X for whom maintenance must be paid to the Local Authorities Claims Department
If applicable, is/are your child/children provided with day-care? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇒ What time of day? From : _____ Until: _____		

G. Driving licence

I. Do you have a driving licence? No Yes ⇒ **If yes:**

A. Do you have a car at your disposal?
 No Yes

B. Do you have an advanced (professional) driving licence?
 No Yes ⇒ Tick off all categories applying to your advanced driving licence:

- Lorry/truck
- Trailer
- Coach
- Taxi
- Other items connected with the advanced driving licence:

II. Do you have a heavy machinery operating licence?
 No Yes ⇒ Tick off as applicable:

<p><input type="checkbox"/> <u>Heavy machinery operator test (minor)</u> <u>/ primary test+licence categories:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> D. Personnel basket cranes, concrete pump cranes <input type="checkbox"/> I. Tractors with extra equipment and smaller type heavy machinery <input type="checkbox"/> J. Fork lifts with 10 tonnes lifting capacity or less <input type="checkbox"/> L. Compactors <input type="checkbox"/> M. Asphalting machines <input type="checkbox"/> P. Vehicle mounted loading cranes with up to 25 t. hoisting capacity 	<p><input type="checkbox"/> <u>Heavy machinery operator test (major)</u> <u>/ basic test:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> A. Stationary cranes, construction cranes <input type="checkbox"/> B. Mobile cranes larger than 18 tm. <input type="checkbox"/> C. Bridge cranes <input type="checkbox"/> D. Cranes smaller than 18 tm. <input type="checkbox"/> E. Excavators heavier than 4,000 kg. <input type="checkbox"/> F. Wheel loaders <input type="checkbox"/> G. Bulldozers <input type="checkbox"/> H. Road graders <input type="checkbox"/> I. Tractors and smaller earth moving machinery <input type="checkbox"/> J. Fork lifts with up to 10 t. lifting capacity <input type="checkbox"/> K. Fork lifts with over 10 t. lifting capacity <input type="checkbox"/> L. Compactors <input type="checkbox"/> M. Asphalting machines <input type="checkbox"/> P. Loading cranes smaller than 18 tm.
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Other information regarding your heavy machinery operating licence: _____

III. Other driving licence or further details regarding your driving licence:

H. Education and skills

Are you pursuing any studies at present?

No

Yes ⇒ What is the full time study ratio? (%) _____ ⇒ **Certificate from the pertinent school stating full time study ratio, as well as the timetable, must accompany the application.**

⇒ 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

Did you complete your studies (75%-100%) during the last 12 months?

No

Yes ⇒ You must state the period within the last 12 months during which your studies were pursued

(from - until): _____

⇒ **A certificate confirming the completion of studies from the school in question must accompany the application stating the period during which studies were pursued, and that the studies have been fully (75%-100%) completed.**

Examination degree/degrees:

(Please write down the degree(s) and your certification, and tick off one as your major)

Main degree:

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

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

I. Language knowledge and computer literacy

Please tick off as you may think relevant to the job application

Language knowledge

Good Fair Poor None

Icelandic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scandinavian:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which Scandinavian language: _____

Other languages

Which languages: _____

Computer literacy

Good Fair Poor None

Word processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spreadsh. (Excel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web supervising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounting progr.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which accounting programme: _____

Other computer

Which know how: _____

J. Various qualifications/skills/competencies

Various other qualifications:

(Tick off with an X where applicable and provide further details e.g. industry specifics/type and scope of management position)

- | | |
|---|---|
| <input type="checkbox"/> Office jobs: _____ | <input type="checkbox"/> Construction work: _____ |
| <input type="checkbox"/> Sales: _____ | <input type="checkbox"/> Cleaning: _____ |
| <input type="checkbox"/> Management / personnel : _____ | <input type="checkbox"/> Personal care: _____ |
| <input type="checkbox"/> Arts/writing: _____ | <input type="checkbox"/> Seamanship: _____ |
| <input type="checkbox"/> Crafts/trades: _____ | <input type="checkbox"/> Fish processing: _____ |
| <input type="checkbox"/> Other jobs: _____ | |

Other details you wish to mention regarding qualifications / skills / competencies: _____

K. Former status of the applicant

Tick off the appropriate box and/or give further details

If the applicant had work in Iceland:

- Dismissal due to down-cuts
- Dismissal, other reasons
- Bankruptcy of the employer
- Domestic relocation
- Temporary shut-down of operation
- Resigned from the job
- Was self employed
- Had temporary employment
- Participated in temporary labour market measures organized by the Directorate of Labour (VMST), (on-the-job-training, trial hiring, special assignments)
- Has limited work / part-time work

If the applicant is not returning from the labour market:

- Returning from a job break
- Was home-working
- Was studying in Iceland
- Incarceration
- Personal illness
- Other, what? _____

If the applicant was previously living abroad:

- Was studying abroad
- Was working abroad
- Unemployed abroad

Other reasons for, or further details regarding unemployment: _____

L. Information about vacation and employment termination agreement

I. If applicant has received payment due to unused vacation days he is required to inform the Unemployment insurance fund when he will use his vacation days (within the vacation season, 2nd of May - 15th September).

Total of vacation days to be taken: _____

When intended to take vacation: From (dd/mm/yyyy) ____/____/____ To ____/____/____

If applicant does not fill out the vacation period, it will be withdrawn in the beginning of the benefit period.

II. If applicant has received payment due to employment termination agreement he/she needs to state the amount of payment and/or the number of months covered by the agreement:.

M. Information regarding own business or self-employment

A self-employed person is whoever operates his/her own business or is self-employed, or who works for a partnership, a private limited company or a limited company, or associated companies where he/she is in a controlling position based on ownership or on a managerial position, to such an extent that he/she is required to pay every month or in other regular fashion, in accordance with Minister of Finance rules, a withholding tax on presumptive employment income and a social security contribution. The person in question must fill out the form below:

Provide further details regarding your self-employed status during the last 12 months

ID number	Name of business	Period

Please take note that those who have been self-employed need to submit various accompanying documents, see the enclosed instructions for the self-employed. The monthly providing of information regarding registered VSK (VAT) transactions is applicant’s responsibility.

N. Information regarding estimated social security public pension and benefits, as well as pension fund pay-outs

If you receive benefits from **social security**: tick off the type of benefits and write down the estimated monthly pension. *It is necessary to submit copies of pay slips every month.*

Type of pension	Estimated amount of monthly pension /benefits / welfare
<input type="checkbox"/> Old age pension	
<input type="checkbox"/> Disability pension	
<input type="checkbox"/> Disability allowance	
<input type="checkbox"/> Rehabilitation pension	
<input type="checkbox"/> Care benefits	

If you receive **pension fund** payments: write down which pension fund, the type of payment and the estimated amount per month. *At the same time you need to submit copies of payment statements every month.*

Pension fund State Reg. No.	Name of pension fund	Type of pension *	Estimated amount of monthly pension

** Old age pension – disability pension – disability allowance – rehabilitation pension – survivor’s pension – care benefits – private pension.*

If you receive **other payments than from the above pension funds** and/or **municipal welfare / social service welfare**, we need information as to from whom you receive such benefits or welfare:

This information is required so further explanation will not be needed in the event of any discrepancy between your application and information from the State Social Security Institute, from pension funds or from the Internal Revenue Directorate, as this might delay the processing of unemployment benefits. If there are any changes concerning the above information you must notify the nearest Directorate of Labour office. Pay statements and payment slips must be submitted as they become available in order to confirm the above information.

O. Information regarding income for part-time work and capital gain

Estimation is needed for all income for part-time work and capital gain, i.e. rental income, profit and interest income.

Estimated income for **part-time work**

Employer ID number	Name of employer	Work percentage (%)	Estimated income per month

Estimated income for **capital gain (rental income/ profit/ interest income)**

ID number of employer and name, and/or explanation	Type of income	Estimated income per month

If there are any changes concerning the above information you must notify the nearest Directorate of Labour office. Pay statements and payment slips must be submitted as they become available in order to confirm the above information.

You must notify the Directorate of Labour without delay about your other personal financial income/capital gain or wage income, such as income from committee work or from incidental work, which you receive while receiving benefits, if such information is not indicated above.

If the information provided is false or misleading the Directorate of Labour has the right to claim reimbursement for overpayment. Information regarding income will be run together with information from the Internal Revenue Directorate when such information becomes available.

P. Information regarding the payment of Labour Union fees and pension fund premiums to be deducted from unemployment benefits

I. Pension fund premium:

Please specify into which pension fund your pension fund premiums should be paid: _____

II. Supplementary contribution to a private pension fund:

I wish to pay a supplementary contribution into a private pension fund (*Please note that a counter-contribution will not be provided for a supplementary contribution into a private pension fund*)

⇒ Which percentage ____%. Name of private pension fund: _____

You must submit the agreement for supplementary contribution into a private pension fund.

III. Labour Union membership fee:

I, the undersigned, herewith request that my membership fee be deducted from my unemployment benefits and paid to the following trade union: _____

R. Bank / savings bank information

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

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

S. Other information which the applicant considers important

T. PIN-number.

You must select a PIN-number, consisting of 1 to 10 characters (letters and/or digits), which you need to provide when you request information regarding e.g. disbursement, benefit entitlements, cancellation of registration, or when confirming through the Internet a continuation of your search for employment. If the PIN-number is lost you need to show up at the Directorate of Labour service office and present your personal ID documents in order to be provided with the PIN-number. You may also receive it by e-mail to your stated e-mail address.

Write your PIN-number here:

Agreement and signature

- Whereas the benefits I receive from the Unemployment Insurance Fund are means-tested dependent on my income as well as on my payment of taxes, I hereby authorize the Unemployment Insurance Fund to obtain information from the State Social Security Institute's register of benefits, from pension funds' payments records, from the Internal Revenue Directorate records, and from school enrolment registers, as needed. In the event of changes to my situation that affect this application I shall immediately inform thereof.
- By my signature I confirm the above information as being correct and according to what I know to be true.
- By my signature I hereby accept that the information indicated in sections A to G of this application will be used to search for employment and that it may be provided to any potential employer in case of job offers as the case may be.
- By my signature I furthermore agree to continue actively the search for employment and to participate in labour market measures that are being offered during the period of unemployment.
- By my signature I confirm that I have received a folder on unemployment insurance that lists documents to be submitted in connection with the application for unemployment benefits in addition to other information concerning the rights and obligations of applicants for unemployment benefits.

Date, and Directorate of Labour stamp

Applicant's signature

Signature of guardian if applicant is under 18 years of age

Further information regarding guardian if applicant is under 18 years of age:

ID number: _____

Address: _____

Phone number: _____

Anyone who intentionally provides wrong information or fails to provide information necessary for assisting him/her in obtaining a suitable job and for providing him/her with an opportunity to partake in appropriate labour market measures shall forfeit the right to receive unemployment benefits according to Art. 59 of Act No. 54 of 2006.

Anyone who fraudulently obtains or tries to obtain unemployment benefits may lose his/her right and may be subject to a fine according to Art. 60 of Act No. 54 of 2006.

To be filled out by the Directorate of Labour:

Applicant was last listed in register:	
Reserved benefit rights of applicant:	
Prior situation/ reason for retirement:	
Decision of Directorate of Labour:	
Date of decision:	
Other remarks:	