

ANNEX 2

FIRED (DISMISSED)

NAME
SOCIAL INSURANCE NUMBER (999 999 999)

COMPLETE AND SEND WITH YOUR APPLICATION FOR BENEFIT

In order to make a decision on your claim it is essential that you provide an accurate account of the fact(s) related to your separation from employment.

Employer concerned: Last day of work :

Your claim for benefit will be adjudicated with the information provided by you and your employer. Any omission may disqualify you from benefits.

1. a) Name, address and telephone number of employer that dismissed you.	b) Please give last day worked. Year Month Day YYYY - MM - DD
2. Please provide details of events and circumstances that led to your dismissal.	
3. Were you given verbal or written warnings to correct the situation which led to your dismissal? ☐ NO ☐ YES - If yes, answer the following questions: a) How many times? b) When were you given these warnings?	
4. Did you attempt to remedy the situation? ☐ YES - If yes, what action did you take and what was the result? ☐ NO - If no, please explain why you took no action to prevent your dismissal.	
The information you provide on this form is collected under the authority of the Unemployment Insurance Act and will be used to assess your claim for benefits. This information will be retained in the Personal Information Bank(s) entitled "Unemployment Insurance Claim File", ESDC PPU 150. You have the right to access to your personal information. Instructions for obtaining your personal information are provided in the Info Source, a copy of which is located in all Canada Employment Centres. You should be aware that the information you provide may be subject to verification and that there are penalties for knowingly making false or misleading statements. You should also be aware that your personal information may be used and/or disclosed under certain conditions as listed in the above-noted Personal Information Banks, in accordance with the provisions of the Privacy Act and the Unemployment Insurance Act.	
5. DECLARATION AND SIGNATURE I declare that the information and answers given by me to the questions on this application are true to the best of my knowledge. I understand that this information will be used to determine my eligibility for Unemployment Insurance Benefits and/or to obtain Employment services. Year Month Day YYYY - MM - DD Signature This form must be signed by you. If you are unable to sign due to incapacity, your representative must sign his/her name.	