

SELF-EMPLOYMENT STATEMENT

K-BEN 3120-A Web (Rev. 4-14)

MAIL: Unemployment Contact Center
P.O. Box 3539
Topeka, KS 66601-3539
FAX: (785) 296-3249
EMAIL*: KDOLforms@dol.ks.gov

Complete this form and return it within **seven days** of the date you filed your claim. **Failure to reply by this date may result in a denial of benefits or possible overpayment.**

Claimant name: _____ Social Security number: _____

In what business or occupation are you self employed? _____

What are your job duties in this self employment? _____

Which tools do you use? Own tools Company's tools

What types of tools are used? _____

What monetary investment does this self employment require? _____

Do you own your own business? YES NO

Do you have a Federal Employer Identification Number (FEIN)? YES NO

Do you advertise? YES NO

How are you paid? Hourly Weekly Monthly When job is completed Commission Salary plus commission

Date you began self employment (mm/dd/yyyy): _____

Are you currently involved in this activity? YES How long will this self employment last? _____

NO Date self employment ended (mm/dd/yyyy): _____

For whom are the services provided? _____

Who sets your hours? I set my own hours The company I work for sets my hours

What hours and days of the week do you perform this self employment? _____

Will this time vary from one week to another? YES NO

Can this self employment be performed after 5:00 p.m. each day? YES NO

Would you end self employment for regular employment? YES NO

Are you seeking and will you accept employment of 40 hours per week? YES NO

If YES, how would you accomplish this in addition to your self employment? _____

Claimant name: _____ Social Security number: _____

Type of work you're seeking: _____

Do you have experience or training in this type of work? YES NO

How much experience? _____ years _____ months _____ days

Hours you're willing to work: _____ AM PM to _____ AM PM Days per week: _____

Shifts you are willing to work (check all that apply): First Second Third

If you are only willing to work one shift, explain why: _____

List your efforts to seek work in the past seven days:

Date of Contact	Name of Employer	Method of Contact	Results of Contact

If no contacts were made, explain: _____

Additional information required if self employment is farming:

How many acres do you farm? _____

How many acres are cultivated? _____

How many acres are in pasture? _____

During harvest and planting seasons, do you usually seek a leave of absence from your employer to carry on your farming activities?

YES NO

If you are feeding livestock, can you give all attention needed to that activity before 7:00 a.m. and after 5:00 p.m.?

YES NO

CERTIFICATION: I certify that the information I have provided is correct and complete, and I understand the willful or intentional misrepresentation or failure to disclose a material fact is punishable under the Kansas Employment Security Law.

Signature: _____ Phone: (_____) _____ Date: _____

Submit

*NOTE: Protecting claimants' identity is important to us. Please be advised that: (1) email communication is not a secure method of communication; (2) any email that is sent between you and this agency may be copied and held by various computers it passes through as it is transmitted; (3) persons not participating in the communication between you and KDOL may intercept the communication by improperly accessing your computer or this agency's computer or even some computer unconnected to either of us that this email passes through. If you do not want to communicate with KDOL through email, please call KDOL or mail your communication to KDOL, instead of using email.