

# MUSC/CMH/UMA Employment Status Statement

Charleston Memorial Hospital  
University Medical Associates

I, \_\_\_\_\_ certify that I have not worked since \_\_\_\_\_.  
(PRINT APPLICANT'S NAME) (LAST DATE OF EMPLOYMENT)

**Answer the following statements that apply to your circumstances:**

I received unemployment compensation for \_\_\_\_\_ to \_\_\_\_\_.  
(DATE) (DATE)

in the amount of \$ \_\_\_\_\_ per week.

I have not received unemployment compensation.

I should return to work \_\_\_\_\_ .  
(DATE)

**If not employed, provide the reason for your unemployment:**

\_\_\_\_\_.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

\_\_\_\_\_  
(DATE)

I understand that if I have deliberately given false information regarding my employment circumstances, my agreement with MUSC/CMH/UMA will be immediately terminated. By my signature, I authorize the release of any/all information needed to determine my eligibility for the MUSC/CMH/UMA Financial Assistance Program