

APPLICATION FOR CERTIFICATION AS A SEASONAL EMPLOYER

Submit this request to: **Massachusetts Department of Unemployment Assistance**
19 Staniford Street, Revenue
Boston, MA 02114
UIEmployerHelp@massmail.state.ma.us

PART A

1. Name of Employer	2. Employer Account Number
	3. Federal Identification Number
4. Mailing Address	
5. Location of Seasonal Work, if different from address listed on Line 4	
6. Contact Person	7. Telephone Number and e-mail address of Contact Person

8. Is the **entire** business operation to which this application applies seasonal? Yes No

PART B

1. Describe the nature of your business:						
2. The Massachusetts Department of Unemployment Assistance defines a "week" as seven consecutive days beginning on Sunday and ending on Saturday. What will be the number of working days in your standard work week? _____						
3. Please list the dates of your seasonal operation:						
<table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;">_____</td> <td style="border: none; text-align: center;">_____</td> <td style="border: none; text-align: center;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Begin Date</td> <td style="border: none; text-align: center;">End Date</td> <td style="border: none; text-align: center;">Number of Weeks</td> </tr> </table> <p style="font-size: small; margin-top: 5px;"><i>Dates must be specific. For example, July- Sep. 2016 is not specific. July 3, 2016 - Sept. 4, 2016 is specific</i></p>	_____	_____	_____	Begin Date	End Date	Number of Weeks
_____	_____	_____				
Begin Date	End Date	Number of Weeks				

PART D EMPLOYER CERTIFICATION

This application must be submitted 60 days prior to the start date of the seasonal operation and must be signed by the owner, a partner, a corporate officer, or duly authorized employer representative.

I certify to the following:

1. I certify that the information provided on this application is correct to the best of my knowledge.
2. If this application is approved, I will post a copy of the Certification as a Seasonal Employer for inspection by my employees and I will issue a copy of the Certification as a Seasonal Employer to all applicants for seasonal employment.
3. If this application is approved, I will issue a copy of the Notice to Employees of Certification as a Seasonal Employer to all seasonal employees.
4. I will report seasonal wages paid to seasonal employees to the Department of Unemployment Assistance on a quarterly basis.
5. If this application is denied, I will post a copy of the denial notice for inspection by my employees.

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Telephone Number: _____

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You may also email this application to UIEmployerHelp@massmail.state.ma.us with a subject of **Certified Seasonal Employer Application**.

If you have any questions, please call (617) 626-6350.