

	DUA USE ONLY
Plan Number:	

APPLICATION FOR CERTIFICATION AS A SEASONAL EMPLOYER

Submit this completed form to: Massachusetts Department of Unemployment Assistance Email: <u>DUASeasonalCert@mass.gov</u>

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. Phone Number and email address of Contact Person				
8. Is the entire business operation to which this application a	applies seasonal? ☐ Yes ☐ No				
C. IS the Charte Business spotation to Whom the approach	applied dedection. In the Internation				
PART B					
Describe the nature of your business:					
The Massachusetts Department of Unemployment Assistate	ance 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:					
Begin Date End Date	Number of Weeks				
Dates must be specific. For example, July- Sep. 2016 is a	not specific. July 3, 2016 - Sept. 4, 2016 is specific				

PAR	ГС					
1.(a)	Describe the nature of the <i>non-seasonal</i> portion of your business if applicable:					
(b)	Describe the nature of the seasonal portion of your business to which this application applies:					
2.	List the functionally distinct occupations in the seasonal portion of your business described in Section 1 (b) above and the exact start and end dates of these positions. For seasonal occupations please attach job descriptions. (Dates must be specific. For example, July-Sept. 2016 is not specific, 7/3/2016 - 9/4/2016 is specific.)					
Se	asonal Occupation	Exact Start Date	Exact End Date	Number of Weeks		

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:
Phone Number:	
You must email this application to DUASeasonalCeApplication .	ert@mass.gov with a subject of Certified Seasonal Employer

If you have any questions, please call (617) 626-5075.