



UNEMPLOYMENT INSURANCE APPLICATION (Federal Employee)

FILING INSTRUCTIONS

Complete this application including any applicable attachment(s). Print or type the information. Use blue or black ink only.

Answer all questions on each page. Review your application thoroughly for completeness. An incomplete application may delay or prevent the filing of your claim, or cause benefits to be denied. If the Employment Development Department (EDD) needs to verify any of the information you provide while filing a claim, you will receive additional forms by mail and will be asked to provide additional information and/or documentation.

APPLICATION QUESTIONS

The answers you give to the questions on this application must be true and correct. You may be subject to penalties if you make a false statement or withhold information.

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|---|--|
| <p>1. Did you work in a state other than California during the last 18 months? AND / OR Did you work in Canada during the last 18 months?</p> | <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check the applicable box(es) below: <input type="checkbox"/> State(s) Outside California, specify state(s): _____ _____ <input type="checkbox"/> Canada</p> |
| <p>2. What is your Social Security number as given to you by the Social Security Administration? a) If the EDD assigned you an EDD Client Number (ECN), please provide the ECN here. (An ECN is a 9-digit number beginning with 999 or 990.)</p> | <p>2. [][]-[][]-[][][][][][][][][] a) [][][][][][][][][]-[][][][][][][][][]</p> |
| <p>2A. List any other Social Security numbers you have used.</p> | <p>2A. [][][][][][][][][]-[][][][][][][][][] [][][][][][][][][]-[][][][][][][][][]</p> |
| <p>3. What is your <u>full</u> name?</p> | <p>3. Last _____ First _____ Middle Initial _____</p> |
| <p>4. Is this the name that appears on your Social Security card? a) If no, provide the name that appears on your Social Security card.</p> | <p>4. <input type="checkbox"/> Yes <input type="checkbox"/> No a) Last _____ First _____ Middle Initial _____</p> |
| <p>5. List any other names you have used.</p> | <p>5. _____ _____</p> |
| <p>6. What is your birth date?</p> | <p>6. _____ (mm/dd/yyyy)</p> |
| <p>7. What is your gender?</p> | <p>7. <input type="checkbox"/> Male <input type="checkbox"/> Female</p> |
| <p>8. Would you prefer your written material in English or Spanish? a) What is your preferred spoken language?</p> | <p>8. <input type="checkbox"/> English <input type="checkbox"/> Spanish a) _____</p> |
| <p>9. Have you filed a California Unemployment Insurance or a Disability Insurance claim in the last two years? a) If yes, list each type of claim and the most recent date(s) of when the claim(s) was filed.</p> | <p>9. <input type="checkbox"/> Yes <input type="checkbox"/> No a) Unemployment Claim Date(s) (mm/dd/yyyy) _____ a) Disability Claim Date(s) (mm/dd/yyyy) _____</p> |



1101I02

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: _____ - _____ - _____

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|--|---|--|---|--|--|---|---|------------------------------------|-----------------------------------|---|------------------------------------|---------------------------------------|-----------------------------------|---------------------------------|----------------------------------|---------------------------------|-------------------------------------|-----------------------------------|---|
| <p>10. Do you have a Driver License issued to you by a State/entity?</p> <p>a) If yes, provide the name of the issuing State/entity and your Driver License number.</p> <p>If no, answer questions b-d:</p> <p>b) Do you have an Identification Card issued to you by a State/entity?</p> <p>c) If yes, provide the name of the issuing State/entity and your Identification Card number.</p> <p>d) How do you look for work and, if you have work, how do you get to work?</p> | <p>10. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) Name of issuing State/entity: _____ Driver License Number: _____</p> <p>If no, answer questions b-d:</p> <p>b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) Name of issuing State/entity: _____ Identification Card Number: _____</p> <p>d) Please Explain: _____ _____ _____</p> | | | | | | | | | | | | | | | | | | |
| <p>11. What is your telephone number?</p> <p>a) If you are deaf, hard of hearing, or have a speech disability and use TTY or California Relay to communicate, check the appropriate box.</p> | <p>11. _____ - _____</p> <p>a) <input type="checkbox"/> TTY (Non-voice) <input type="checkbox"/> California Relay Service</p> | | | | | | | | | | | | | | | | | | |
| <p>12. What is your mailing address? (Include your city, State, and ZIP code)</p> | <p>12. Street: _____ Apt.: _____ City: _____ State: _____ ZIP Code: _____</p> | | | | | | | | | | | | | | | | | | |
| <p>13. Is your residence address the same as your mailing address?</p> <p>a) If no, enter your residence address. (Include your city, State, ZIP code and apartment number.) A residence address cannot be a P.O. Box. Please provide a street address.</p> | <p>13. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) Street: _____ Apt.: _____ City: _____ State: _____ ZIP Code: _____</p> | | | | | | | | | | | | | | | | | | |
| <p>14. If you do not live in California, what is the name of the County in which you live?</p> | <p>14. _____</p> | | | | | | | | | | | | | | | | | | |
| <p>15. What race or ethnic group do you identify with? Check one of the following:</p> <table border="0"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Black not Hispanic</td> <td><input type="checkbox"/> Hispanic</td> </tr> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> American Indian/Alaskan Native</td> <td><input type="checkbox"/> Chinese</td> </tr> <tr> <td><input type="checkbox"/> Cambodian</td> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Other Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> Guamanian</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Japanese</td> </tr> <tr> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Laotian</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Hawaiian</td> <td><input type="checkbox"/> I choose not to answer</td> </tr> </table> | | <input type="checkbox"/> White | <input type="checkbox"/> Black not Hispanic | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Chinese | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Laotian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> I choose not to answer |
| <input type="checkbox"/> White | <input type="checkbox"/> Black not Hispanic | <input type="checkbox"/> Hispanic | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Chinese | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Laotian | <input type="checkbox"/> Samoan | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> I choose not to answer | | | | | | | | | | | | | | | | | |
| <p>16. Do you have a disability? (A disability is a physical or mental impairment that substantially limits one or more life activities, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working.)</p> | <p>16. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer</p> | | | | | | | | | | | | | | | | | | |
| <p>17. What is the highest grade of school you have completed? Check only one box.</p> <table border="0"> <tr> <td><input type="checkbox"/> Did not complete High School</td> <td><input type="checkbox"/> High School Diploma or GED</td> <td><input type="checkbox"/> Some college or vocational school</td> </tr> <tr> <td><input type="checkbox"/> Associate of Arts</td> <td><input type="checkbox"/> Bachelor of Arts or Science</td> <td><input type="checkbox"/> Masters or Doctorate</td> </tr> </table> | | <input type="checkbox"/> Did not complete High School | <input type="checkbox"/> High School Diploma or GED | <input type="checkbox"/> Some college or vocational school | <input type="checkbox"/> Associate of Arts | <input type="checkbox"/> Bachelor of Arts or Science | <input type="checkbox"/> Masters or Doctorate | | | | | | | | | | | | |
| <input type="checkbox"/> Did not complete High School | <input type="checkbox"/> High School Diploma or GED | <input type="checkbox"/> Some college or vocational school | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Associate of Arts | <input type="checkbox"/> Bachelor of Arts or Science | <input type="checkbox"/> Masters or Doctorate | | | | | | | | | | | | | | | | | |
| <p>18. Are you a Military Veteran?</p> | <p>18. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | | | |



1101I03

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: _____ - _____ - _____

19. Provide your employment and wages information for the past 18 months. If you worked for a temporary agency, a labor contractor, an agent for actors or actresses, or an employer where wages are reported under a corporate name, your wages may have been reported under that employer name. You may want to refer to your check stub(s) or W-2(s) to obtain the name of your employer.

- a) Name and mailing address of all **employers** you worked for in the last 18 months.
- b) Period of employment (Dates Worked).
- c) Total Wages earned for **each employer** in the last 18 months.
- d) How you were paid (specify hourly, weekly, monthly, annually, commission, or at piece rate).
- e) Specify if you worked full-time or part-time.
- f) How many hours you worked per week.
- g) Check the appropriate "Yes/No" box if the employer is (or is not) a school or educational institution or a public or nonprofit employer where you performed school-related work.

NOTE: It is important that you report the employer name(s) and mailing address(es), period(s) of employment, and wages correctly. Failure to provide complete information will result in your benefits being delayed or denied.

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|---|-----------------|--|---|
| a) Employer Name and Mailing Address | b) Dates Worked | c) Total Wages | d) How were you paid? (e.g., weekly, monthly, etc.)? |
| Name: _____ | From: _____ | \$ _____ | _____ |
| Mailing Address: | To: _____ | | |
| Street: _____ | | | |
| City: _____ | | | |
| State: _____ ZIP Code: _____ | | | |
| e) Did you work full-time or part-time? <input type="checkbox"/> F/T <input type="checkbox"/> P/T | | f) How many hours did you work per week? _____ | |
| g) Is this employer a school employer or a public or nonprofit employer where you performed school-related work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, provide phone number: _____ - _____ - _____ | | | |

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|---|-----------------|--|---|
| a) Employer Name and Mailing Address | b) Dates Worked | c) Total Wages | d) How were you paid? (e.g., weekly, monthly, etc.)? |
| Name: _____ | From: _____ | \$ _____ | _____ |
| Mailing Address: | To: _____ | | |
| Street: _____ | | | |
| City: _____ | | | |
| State: _____ ZIP Code: _____ | | | |
| e) Did you work full-time or part-time? <input type="checkbox"/> F/T <input type="checkbox"/> P/T | | f) How many hours did you work per week? _____ | |
| g) Is this employer a school employer or a public or nonprofit employer where you performed school-related work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, provide phone number: _____ - _____ - _____ | | | |

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|---|-----------------|--|---|
| a) Employer Name and Mailing Address | b) Dates Worked | c) Total Wages | d) How were you paid? (e.g., weekly, monthly, etc.)? |
| Name: _____ | From: _____ | \$ _____ | _____ |
| Mailing Address: | To: _____ | | |
| Street: _____ | | | |
| City: _____ | | | |
| State: _____ ZIP Code: _____ | | | |
| e) Did you work full-time or part-time? <input type="checkbox"/> F/T <input type="checkbox"/> P/T | | f) How many hours did you work per week? _____ | |
| g) Is this employer a school employer or a public or nonprofit employer where you performed school-related work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, provide phone number: _____ - _____ - _____ | | | |

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|---|-----------------|--|---|
| a) Employer Name and Mailing Address | b) Dates Worked | c) Total Wages | d) How were you paid? (e.g., weekly, monthly, etc.)? |
| Name: _____ | From: _____ | \$ _____ | _____ |
| Mailing Address: | To: _____ | | |
| Street: _____ | | | |
| City: _____ | | | |
| State: _____ ZIP Code: _____ | | | |
| e) Did you work full-time or part-time? <input type="checkbox"/> F/T <input type="checkbox"/> P/T | | f) How many hours did you work per week? _____ | |
| g) Is this employer a school employer or a public or nonprofit employer where you performed school-related work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, provide phone number: _____ - _____ - _____ | | | |



1101I04

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: _____ - _____ - _____

19. Continued

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|---|--|----------------|---|
| a) Employer Name and Mailing Address | b) Dates Worked | c) Total Wages | d) How were you paid? (e.g., weekly, monthly, etc.)? |
| Name: _____ | From: _____ | \$ _____ | _____ |
| Mailing Address: _____ | To: _____ | | |
| Street: _____ | | | |
| City: _____ | | | |
| State: _____ ZIP Code: _____ | | | |
| e) Did you work full-time or part-time? <input type="checkbox"/> F/T <input type="checkbox"/> P/T | f) How many hours did you work per week? _____ | | |
| g) Is this employer a school employer or a public or nonprofit employer where you performed school-related work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, provide phone number: _____ - _____ | | | |

| | | | |
|---|--|----------------|---|
| a) Employer Name and Mailing Address | b) Dates Worked | c) Total Wages | d) How were you paid? (e.g., weekly, monthly, etc.)? |
| Name: _____ | From: _____ | \$ _____ | _____ |
| Mailing Address: _____ | To: _____ | | |
| Street: _____ | | | |
| City: _____ | | | |
| State: _____ ZIP Code: _____ | | | |
| e) Did you work full-time or part-time? <input type="checkbox"/> F/T <input type="checkbox"/> P/T | f) How many hours did you work per week? _____ | | |
| g) Is this employer a school employer or a public or nonprofit employer where you performed school-related work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, provide phone number: _____ - _____ | | | |

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| 20. During the past 18 months did you work for any other employers not listed in question 19? | 20 <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the employer information for questions 19 a-g on a separate sheet of paper. Attach the additional sheet of paper to this application. |
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| 21. If the EDD finds that you do not have sufficient wages in the Standard Base Period to establish a valid claim, do you want to attempt to establish a claim using the Alternate Base Period? For additional information about the Standard Base Period and the Alternate Base Period, visit the EDD website www.edd.ca.gov . | 21 <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

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| 22. During the past 18 months, which employer did you work for the longest? | 22. Employer name: _____ |
| a) What type of business was operated by the employer? (Please be specific . For example, restaurant, dry cleaning, construction, book store.) | a) Type of business: _____ |
| b) How long did you work for that employer? | b) Years: _____ Months: _____ |
| c) What type of work did you do for that employer? | c) _____ |

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| 23. What is your usual occupation? | 23. _____ |
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| 24. Is your usual work seasonal? If yes, answer questions a-c: | 24. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer questions a-c: |
| a) When does the season usually begin? | a) _____ (mm/dd/yyyy) |
| b) When does the season usually end? | b) _____ (mm/dd/yyyy) |
| c) What other work-related skills do you have? | c) _____ |



1101I05

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: _____ - _____ - _____

Please provide information about your **very last employer**. This is the employer you last worked for regardless of the length of time you worked at that job, the type of work you did for that employer, or whether or not you have been paid.

If you worked for a temporary agency, a labor contractor, an agent for actors or actresses, or an employer where wages are reported under a corporate name, your wages may have been reported under that employer name. If you worked for In-Home Supportive Services (IHSS), the welfare recipient for whom you provided the in-home supportive service is your employer, not the county. You may want to refer to your check stub(s) or W-2(s) to obtain the name of your employer.

Reminder: To file a claim, individuals must be out of work or working less than full time. You must provide information about the last employer you worked for as an employee. Do not include self-employment unless you have elective coverage.

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| <p>25. What is the last date you actually worked for your very last employer?</p> <p>a) What are your gross wages for your last week of work? For Unemployment Insurance purposes, a week begins on Sunday and ends the following Saturday.</p> <p>b) What is the complete name of your very last employer?</p> <p>c) What is the mailing address of your very last employer?</p> <p>d) Is the physical address of your very last employer the same as their mailing address? (A physical address cannot be a P.O. Box. Please provide a street address.)</p> <p>If no, what is the physical address of your very last employer?</p> <p>e) What is the telephone number of your very last employer at their physical address?</p> <p>f) What is the name of your immediate supervisor?</p> <p>g) Briefly explain in your own words the reason you are no longer working for your very last employer, within the space provided. Please do not include any attachments.</p> | <p>25. _____ (mm/dd/yyyy)</p> <p>a) \$ _____</p> <p>b) Name: _____</p> <p>c) Mailing address: Street: _____ City: _____ State: _____ ZIP Code: _____</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Physical address: Street: _____ City: _____ State: _____ ZIP Code: _____</p> <p>e) _____ - _____</p> <p>f) _____</p> <p>g) Reason: _____ _____ _____</p> |
| <p>26. Are you (directly or indirectly) out of work with any employer (last employer or any employer in the last 18 months) due to a trade dispute, such as a strike or a lockout?</p> | <p>26. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>If yes and a union was/is involved, answer questions a-b:</p> | <p>If yes and a union was not/is not involved, answer questions c-e:</p> |
| <p>a) What is the name and telephone number of the union? Name: _____ Phone: _____ - _____</p> <p>b) Are you going to receive strike benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>c) How many employees left work? _____</p> <p>d) Was there a spokesperson for the employees? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) If yes, what is his/her name and telephone number? Name: _____ Phone: _____ - _____</p> |



1101I06

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: _____ - _____ - _____

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| <p>27. Are you currently working for or do you expect to work for any school or educational institution or a public or nonprofit employer performing school-related work?</p> <p>If yes, answer questions a-e:</p> <p>a) Provide the following information for the school or educational institution(s) or the public or nonprofit employer(s).</p> <p>b) Are you a substitute teacher for Los Angeles Unified School District (LAUSD)?</p> <p>c) Are you currently in a recess period or off track?</p> <p>d) Do you have reasonable assurance to return to work after the recess period or the off track period with any school or educational institution?</p> <p>e) What is the beginning date of your next recess or the next off track period?</p> | <p>27. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-e:</p> <p>a) Name: _____ Mailing Address: _____ Street: _____ City: _____ State: _____ ZIP Code: _____ Phone: _____ - _____</p> <p>Name: _____ Mailing Address: _____ Street: _____ City: _____ State: _____ ZIP Code: _____ Phone: _____ - _____</p> <p>b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ (mm/dd/yyyy)</p> <p>e) _____ (mm/dd/yyyy)</p> |
| <p>28. Do you expect to return to work for any former employer?</p> | <p>28. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>29. Do you have a date to start work with any employer?</p> <p>If yes, answer question a:</p> <p>a) What date will you start work?</p> | <p>29. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer question a:</p> <p>a) _____ (mm/dd/yyyy)</p> |
| <p>30. Are you a member of a union or non-union trade association?</p> <p>If yes, answer questions a-f:</p> <p>a) What is the name of your union or non-union organization?</p> <p>b) What is your union local number?</p> <p>c) What is the telephone number of your union or non-union trade association?</p> <p>d) Does your union or non-union trade association find work for you?</p> <p>e) Does your union or non-union trade association control your hiring?</p> <p>f) Are you registered with your union or non-union trade association as out of work?</p> | <p>30. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-f:</p> <p>a) _____</p> <p>b) _____ (Enter zero "0" for non-union trade association.)</p> <p>c) _____ - _____</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |



1101I07

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: _____ - _____ - _____

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| <p>31. Are you currently attending, or do you plan on attending school or training?</p> <p>If yes, answer question a-g:</p> <p>a) What is the starting date of the school or training?</p> <p>b) What is the ending date of the current session?</p> <p>c) What is the name of the school?</p> <p>d) What is the telephone number of the school?</p> <p>e) What are the days and hours you are attending, or plan to attend, school?</p> <p>f) Is your school or training program authorized or funded by one of the programs listed in section f?</p> <p>NOTE: If you are in a State Approved Apprenticeship training, you must mail your training completion certificate with your <i>Continued Claim Form</i>, DE 4581, for the week(s) of training.</p> <p>g) If you had a job, or were offered a job in your usual occupation, would the days and hours you attend school prevent you from working full time?</p> | <p>31. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-g:</p> <p>a) _____ (mm/dd/yyyy)</p> <p>b) _____ (mm/dd/yyyy)</p> <p>c) _____</p> <p>d) Phone: _____ - _____</p> <p>e) Days and hours: _____</p> <p>f) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check only one box.</p> <p><input type="checkbox"/> Workforce Investment Act (WIA)</p> <p><input type="checkbox"/> Employment Training Panel (ETP)</p> <p><input type="checkbox"/> Trade Adjustment Assistance (TAA)</p> <p><input type="checkbox"/> California Work Opportunity and Responsibility to Kids (CalWORKS)</p> <p><input type="checkbox"/> State Approved Apprenticeship</p> <p><input type="checkbox"/> Union or Non-union Journey Level</p> <p><input type="checkbox"/> None of the above</p> <p>g) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>32. Are you available for immediate full-time work in your usual occupation?</p> <p>a) If no, please explain why you are not available for full-time work.</p> | <p>32. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) Explanation: _____</p> |
| <p>33. Are you available for immediate part-time work in your usual occupation?</p> <p>a) If no, please explain why you are not available for part-time work.</p> | <p>33. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) Explanation: _____</p> |
| <p>34. Are you currently self-employed, or do you plan to become self-employed? (Self-employment means you have your own business or work as an independent contractor.)</p> | <p>34. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>35. Are you now, or have you been in the last 18 months an officer of a corporation or union or the sole or major stockholder of a corporation?</p> <p>a) If yes, include name of organization and your title or position.</p> | <p>35. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) Name of Organization: _____</p> <p>Title/Position: _____</p> |
| <p>36. Did you serve as an elected public official or Governor-exempt appointee in the last 18 months?</p> | <p>36. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |



1101I08

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: _____ - _____ - _____

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| <p>37. Are you currently receiving a pension? If yes, answer question a:</p> <p>a) Are you currently receiving more than one pension? If yes, proceed to question 38. If no, answer questions b-f:</p> <p>b) What is the name of the pension provider?</p> <p>c) Is the pension based on another person's work or wages?</p> <p>d) Is the pension a union pension or a pension funded by more than one employer?</p> <p>e) What is the name of the employer(s) paying into the pension?</p> <p>f) Did you work for that employer in the last 18 months?</p> | <p>37. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer question a:</p> <p>a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, proceed to question 38. If no, answer questions b-f:</p> <p>b) _____</p> <p>c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) _____ _____</p> <p>f) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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| <p>38. Will you receive any additional pension(s) in the next 12 months? If yes, answer questions a-b:</p> <p>a) What is the name of the pension provider(s)?</p> <p>b) When will you receive the pension(s)?</p> | <p>38. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-b:</p> <p>a) _____ _____</p> <p>b) _____ (mm/dd/yyyy) _____ (mm/dd/yyyy)</p> |
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| <p>39. Are you receiving, or do you expect to receive, Workers' Compensation? If yes, answer questions a-d:</p> <p>a) Who is the insurance carrier?</p> <p>b) What is the insurance carrier's telephone number?</p> <p>c) What is the case number, if known?</p> <p>d) What are the dates of your claim, if known?</p> | <p>39. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-d:</p> <p>a) _____</p> <p>b) Phone: _____ - _____</p> <p>c) _____</p> <p>d) From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)</p> |
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| <p>40. Have you received or do you expect to receive, any payments from your last employer, other than your regular salary? (Example: holiday pay, vacation pay, severance pay, in-lieu-of-notice pay, etc.)</p> <p>If yes, provide the information in sections A-D. If you received severance pay as a lump sum, complete sections A-C (in section C, report the date the lump-sum payment was made).</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

| A. TYPE OF PAYMENT (Example: vacation pay) | B. AMOUNT OF PAYMENT (Example: \$600) | C. PAID FROM (Date: mm/dd/yyyy) | D. PAID TO (Date: mm/dd/yyyy) |
|--|---|---------------------------------------|-------------------------------------|
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1101I10

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: _____ - _____ - _____

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|---|---|
| <p>41D. <input type="checkbox"/> Arrival/Departure Record (I-94)</p> <p>1) Arrival/Departure Number</p> <p>2) Expiration Date</p> | <p>41D. <input type="checkbox"/> Arrival/Departure Record (I-94)</p> <p>1) _____</p> <p>The Arrival/Departure Number must be 11 digits long. Enter numeric digits only.</p> <p>2) _____ (mm/dd/yyyy)</p> |
| <p>41E. <input type="checkbox"/> Re-entry Permit (I-327)</p> <p>1) Alien Registration Number (A#)</p> <p>2) Expiration Date</p> | <p>41E. <input type="checkbox"/> Re-entry Permit (I-327)</p> <p>1) A# _____</p> <p>The Alien Registration Number must be 7 to 9 digits long. Enter numeric digits only.</p> <p>2) _____ (mm/dd/yyyy)</p> |
| <p>41F. <input type="checkbox"/> Unexpired Foreign Passport</p> <p>1) Arrival/Departure Number</p> <p>2) Passport Number</p> <p>3) Visa Number</p> <p>4) Expiration Date</p> | <p>41F. <input type="checkbox"/> Unexpired Foreign Passport</p> <p>1) _____</p> <p>The Arrival/Departure Number must be 11 digits long. Enter numeric digits only.</p> <p>2) _____</p> <p>The passport number must be 6 to 12 alphanumeric characters. It is usually found on the top right corner of the document.</p> <p>3) _____</p> <p>The Visa Number must be 8 numeric digits.</p> <p>4) _____ (mm/dd/yyyy)</p> |
| <p>41G. <input type="checkbox"/> Arrival/Departure Record (I94) in Unexpired Foreign Passport</p> <p>1) Arrival/Departure Number</p> <p>2) Passport Number</p> <p>3) Visa Number</p> <p>4) Expiration Date</p> | <p>41G. <input type="checkbox"/> Arrival/Departure Record (I94) in Unexpired Foreign Passport</p> <p>1) _____</p> <p>The Arrival/Departure Number must be 11 digits long. Enter numeric digits only.</p> <p>2) _____</p> <p>The passport number must be 6 to 12 alphanumeric characters. It is usually found on the top right corner of the document.</p> <p>3) _____</p> <p>The Visa Number must be 8 numeric digits.</p> <p>4) _____ (mm/dd/yyyy)</p> |
| <p>41H. <input type="checkbox"/> Other Document (not listed in Section A to G)</p> <p>1) Alien Registration Number (A#)</p> <p>2) Arrival/Departure Number</p> <p>3) Expiration Date</p> <p>4) Document Description</p> | <p>41H. <input type="checkbox"/> Other Document (not listed in Section A to G)</p> <p>1) A# _____</p> <p>The Alien Registration Number must be 7 to 9 digits long. Enter numeric digits only.</p> <p>2) _____</p> <p>The Arrival/Departure Number must be 11 digits long. Enter numeric digits only.</p> <p>3) _____ (mm/dd/yyyy)</p> <p>4) Document Description: _____</p> <p>_____</p> <p>_____</p> |



1101I11

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: _____ - _____ - _____

SUPPLEMENTAL FORM FOR FEDERAL EMPLOYEES – ATTACHMENT B

Please complete the following:

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|---|---|
| <p>1. Did you work for the Federal Emergency Management Agency (FEMA) as a Disaster Assistance Employee (DAE)?</p> | <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>2. What is your state of residence?</p> | <p>2. _____</p> |
| <p>3. What is the complete name of the federal agency for your last official duty station?</p> <p>a) What is the complete address of the federal agency for your last official duty station?</p> | <p>3. Name: _____</p> <p>a) Address: Street: _____ City: _____ State: _____ ZIP Code: _____</p> |
| <p>4. What is your employer's three-digit Federal Identification Code (FIC) located on your W-2, SF 8 or SF 50?</p> <p>a) What is the federal agency name and address on your W-2, SF 8 or SF 50?</p> | <p>4. _____</p> <p>a) Name: _____ Address: Street: _____ City: _____ State: _____ ZIP Code: _____</p> |
| <p>5. Have you had subsequent employment since your federal employment?</p> <p>a) If yes, in what state was your subsequent employment?</p> | <p>5. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) _____</p> |



1101I12

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: _____ - _____ - _____

SUPPLEMENTAL FORM FOR DISASTER UNEMPLOYMENT ASSISTANCE (DUA) – ATTACHMENT D

Please complete the following if you are unemployed or partially unemployed due to a disaster as you may be eligible for DUA benefits:

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| <p>1. Are you unemployed as a direct result of a recent disaster in California, such as an earthquake, flood, mudslide, wildfire, etc.?</p> <p>If yes:</p> <p>a) Identify the type of disaster.</p> <p>b) At the time of the disaster, in which county did you reside?</p> <p>c) At the time of the disaster, in which county did you work?</p> <p>d) At the time of the disaster, was your unemployment caused by your need to travel through a disaster area?</p> <p>If yes:</p> <p>Identify the disaster county or counties that prevent travel to your job.</p> <p>e) Check the following that best applies to you:</p> <p>f) If you selected item e1 or e3 above, how many hours did you work prior to the disaster?</p> <p>g) If you selected e3 or e4 above briefly describe how the disaster affected your ability to continue or begin your self-employment.</p> <p>h) What is the physical address of your business?</p> | <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-d:</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>e) 1) <input type="checkbox"/> An employee who is unable to work as a direct result of the disaster.</p> <p>2) <input type="checkbox"/> An individual who was scheduled to start work for an employer, but could not because of the disaster.</p> <p>3) <input type="checkbox"/> A self-employed individual who is unable to work as a direct result of the disaster.</p> <p>4) <input type="checkbox"/> An individual who intended to begin self-employment, but could not because of the disaster.</p> <p>5) <input type="checkbox"/> An individual who became head of household as a result of the disaster.</p> <p>f) _____</p> <p>g) _____</p> <p>_____</p> <p>_____</p> <p>h) Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code: _____</p> |
|--|---|

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: _____ - _____ - _____

DO NOT MAIL OR FAX THIS PAGE

SUBMITTING YOUR APPLICATION

Be sure to review your application thoroughly for completeness. An incomplete application may delay or prevent the filing of your claim, or cause benefits to be denied.

Submit your completed application including any applicable attachment(s) by mail or fax:

| | |
|--|--|
| By MAIL to the following address: | EDD P.O. Box 12906 Oakland, CA 94604-2909 NOTE: Extra postage is required. |
| By FAX to the following telephone number: | 1-866-215-9159 |

Once you submit your application, allow 10 days for processing of your claim. You will receive Unemployment Insurance (UI) claim materials by mail. If you have not received any UI claim materials after 10 days from the date you submitted your application, call one of the following toll-free telephone numbers:

| | | |
|--------------------------------|--------------------------|---------------------------|
| English 1-800-300-5616 | Spanish 1-800-326-8937 | Mandarin 1-866-303-0706 |
| TTY (Non Voice) 1-800-815-9387 | Cantonese 1-800-547-3506 | Vietnamese 1-800-547-2058 |

Date Submitted: _____ by Mail or Fax

KEEP THIS PAGE FOR YOUR RECORDS