



How to File for Unemployment for Class Only – Paper Filing

*Notes

- **These directions are strictly for the purpose of filing for Unemployment Benefits to attend your Mandatory Apprenticeship Training. If you are filing because you were laid off, and not for class, do not use these directions.**
- **Claim weeks are Sunday to Saturday, so file on the first Monday of class.**
- **You are ultimately responsible for how you answer the questions when filing for unemployment benefits. This guide is only meant to assist you in answering questions directly related to your mandatory apprenticeship training. Please answer all questions correctly; WECA will not be responsible for incorrect information given.**
- **Before you start, you will need the following information:**
 1. Your name (including all names you used while working) and social security account number.
 2. Your mailing and residence address (including ZIP code) and phone number (including area code).
 3. Your state issued driver's license or ID card number, if you have either.
 4. The last date you worked for any employer. If you are working part-time be sure to tell us you are still working, give us the number of hours you are working each week, and tell us the last day you worked prior to filing a UI claim.
 5. Last employer information, including: name, address (mailing and physical location) and phone number. We will also need the ZIP code for both addresses (mailing and physical location) and the area code for your last employer's phone number. Be specific about the spelling of the employer's name and make sure the address is correct because we are required to mail a notice to that employer. An incorrect address will delay benefit payments.
 6. Information on all employers you worked for during the 18 months prior to filing your claim, including: name, period of employment, wages earned and how you were paid.
 7. The name of the employer you worked for the longest within the last year and a half, and the number of years you worked for that employer. This may or may not be the same as your last employer.
 8. The reason you are no longer working for your last employer. You may have quit, been laid off, fired, or left work because of a trade dispute. Be specific about the reason you are not working because the information you give to us must be sent to your last employer. If you quit, were fired, or left work because of a trade dispute, you will be scheduled to a future [telephone interview](#). The information we obtain during the interview will help us decide if you are eligible to receive benefits.
 9. Whether you are receiving, or expect to receive any payments from a former employer. We ask about this because some types of payments may be deducted from your benefits. A few examples of payments that may be deducted include wages, pension payments, holiday pay, and vacation or sick pay. Severance pay is not deducted from unemployment insurance benefits and does not affect your eligibility to receive benefits. However, you must **report** severance pay at the time you file your unemployment insurance claim.
 10. Whether you are able to work and available to accept work.
 11. Whether you have a legal right to work in the United States. If applicable, individuals will be asked for their alien registration number. For examples of documents we may ask you about, take the time to review [Legal Status and Authorization to Work](#).

Step 1

Complete Page 1



For Department Use Only	
Date Received:	_____
Date Postmarked/Faxed:	_____
Effective Date:	_____

UNEMPLOYMENT INSURANCE APPLICATION

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.

<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 <input type="checkbox"/></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 <input type="checkbox"/></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>

Step 2

Complete Page 2 (Make sure to give your mobile number for question #11. If EDD calls, and you don't answer, your claim could be delayed or denied!)

UNEMPLOYMENT INSURANCE APPLICATION

Social Security Number:

<p>10. Do you have a Driver's License issued to you by a State/entity?</p> <p>a) If yes, provide the name of the issuing State/entity and your Driver's 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: <input style="width: 150px;" type="text"/> Driver's License Number: <input style="width: 100px;" type="text"/></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: <input style="width: 150px;" type="text"/> Identification Card Number: <input style="width: 100px;" type="text"/></p> <p>d) Please Explain: <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/></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. <input style="width: 20px;" type="text"/>-<input style="width: 20px;" type="text"/>-<input style="width: 20px;" type="text"/></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: <input style="width: 150px;" type="text"/> Apt. <input style="width: 30px;" type="text"/> City: <input style="width: 150px;" type="text"/> State: <input style="width: 20px;" type="text"/> ZIP Code: <input style="width: 40px;" type="text"/></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: <input style="width: 150px;" type="text"/> Apt. <input style="width: 30px;" type="text"/> City: <input style="width: 150px;" type="text"/> State: <input style="width: 20px;" type="text"/> ZIP Code: <input style="width: 40px;" type="text"/></p>																		
<p>14. If you do not live in California, what is the name of the County in which you live?</p>	<p>14. <input style="width: 150px;" type="text"/></p>																		
<p>15. What race or ethnic group do you identify with? Check one of the following:</p> <table style="width: 100%; border: none;"> <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
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<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 style="width: 100%; border: none;"> <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>																		

Step 3

Complete Pages 3 and 4

Anywhere "Total Wages" is mentioned, you must enter your Gross Wages (check pay stubs for gross wages.)

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.

a) Employer Name and Mailing Address Name: _____ Mailing Address: _____ Street: _____ City: _____ State: _____ ZIP Code: _____	b) Dates Worked From: _____ To: _____	c) Total Wages \$ _____	d) How were you paid? (e.g., weekly, monthly, etc.)? _____
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 Name: _____ Mailing Address: _____ Street: _____ City: _____ State: _____ ZIP Code: _____	b) Dates Worked From: _____ To: _____	c) Total Wages \$ _____	d) How were you paid? (e.g., weekly, monthly, etc.)? _____
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 Name: _____ Mailing Address: _____ Street: _____ City: _____ State: _____ ZIP Code: _____	b) Dates Worked From: _____ To: _____	c) Total Wages \$ _____	d) How were you paid? (e.g., weekly, monthly, etc.)? _____
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 Name: _____ Mailing Address: _____ Street: _____ City: _____ State: _____ ZIP Code: _____	b) Dates Worked From: _____ To: _____	c) Total Wages \$ _____	d) How were you paid? (e.g., weekly, monthly, etc.)? _____
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 _____			

UNEMPLOYMENT INSURANCE APPLICATION

Social Security Number: _____

<p>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.</p> <p>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.</p> <p>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.</p>	
<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 style="padding-left: 40px;">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: <u>Voluntary Quit - Mandatory State Approved Apprenticeship Training with Western Electrical Contractors Association, Inc.</u></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>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>If yes and a union was not/is not involved, answer questions c-e:</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>

Question # 25g should be answered exactly as shown if continuing work was available and you had to leave work to attend mandatory apprenticeship training.

Step 5

Complete Page 6

UNEMPLOYMENT INSURANCE APPLICATION

Social Security Number: _____

<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?</p> <p>If yes, answer questions a-e:</p> <p>a) What is your union name and local number?</p> <p>b) Are you in good standing with your union?</p> <p>c) Does your union look for work for you?</p> <p>d) Does your union control your hiring?</p> <p>e) Are you registered with your union as out of work?</p>	<p>30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-e:</p> <p>a) <u>Western Electrical Cont. Assoc. - 0</u></p> <p>b) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

Step 6

Complete Page 7 (Question #31 d-f needs to be completed EXACTLY as shown)

UNEMPLOYMENT INSURANCE APPLICATION

Social Security Number: _____

<p>31. Are you currently attending, or do you plan on attending school or training?</p> <p>If yes, answer question a-f:</p> <p>a) What is the starting date of the school or training? b) What is the ending date of the current session? c) What is the name of the school? d) What is the telephone number of the school? e) What are the days and hours you are attending, or plan to attend, school? f) Is your school or training program authorized or funded by one of the programs listed in section 1?</p> <p>NOTE: If you completed apprenticeship training, complete questions a-f and mail your training certificate with your <i>Continued Claim Form</i>, DE 4581, for the week(s) of training.</p>	<p>31. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-f:</p> <p>a) _____ (mm/dd/yyyy) b) _____ (mm/dd/yyyy) c) <u>Western Electrical Contractors. Assoc.</u> d) Phone: <u>916 - 453 - 0112</u> e) Days and hours: <u>Monday - Friday, 7am - 3:30pm</u></p> <p>f) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, check only one box.</p> <p><input type="checkbox"/> Workforce Investment Act (WIA) <input type="checkbox"/> Employment Training Panel (ETP) <input type="checkbox"/> Trade Adjustment Assistance (TAA) <input type="checkbox"/> California Work Opportunity and Responsibility to Kids (CalWORKS) <input checked="" type="checkbox"/> Union Apprenticeship <input type="checkbox"/> Union Journey Level</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: _____ 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>

UNEMPLOYMENT INSURANCE APPLICATION

Social Security Number:

<p>37. Are you currently receiving a pension?</p> <p>If yes, answer question a:</p> <p>a) Are you currently receiving more than one pension?</p> <p style="margin-left: 20px;">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 style="margin-left: 20px;">If yes, proceed to question 38. If no, answer questions b-f:</p> <p>b) <input style="width: 100%;" type="text"/></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) <input style="width: 100%;" type="text"/></p> <p>f) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>38. Will you receive any additional pension(s) in the next twelve months?</p> <p>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) <input style="width: 100%;" type="text"/></p> <p>b) <input style="width: 100%;" type="text"/> (mm/dd/yyyy) <input style="width: 100%;" type="text"/> (mm/dd/yyyy)</p>		
<p>39. Are you receiving, or do you expect to receive, Workers' Compensation?</p> <p>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) <input style="width: 100%;" type="text"/></p> <p>b) Phone: <input style="width: 20px;" type="text"/>-<input style="width: 20px;" type="text"/>-<input style="width: 20px;" type="text"/></p> <p>c) <input style="width: 100%;" type="text"/></p> <p>d) From: <input style="width: 100%;" type="text"/> (mm/dd/yyyy) To: <input style="width: 100%;" type="text"/> (mm/dd/yyyy)</p>		
<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.) <input type="checkbox"/> Yes <input type="checkbox"/> No</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>			
A.	B.	C.	D.
TYPE OF PAYMENT (Example: vacation pay)	AMOUNT OF PAYMENT (Example: \$600)	PAID FROM (Date: mm/dd/yyyy)	PAID TO (Date: mm/dd/yyyy)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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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) <input style="width: 100px;" type="text"/></p> <p>The Arrival/Departure Number must be 11 digits long. Enter numeric digits only.</p> <p>2) <input style="width: 100px;" type="text"/> (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# <input style="width: 100px;" type="text"/></p> <p>The Alien Registration Number must be 7 to 9 digits long. Enter numeric digits only.</p> <p>2) <input style="width: 100px;" type="text"/> (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) <input style="width: 100px;" type="text"/></p> <p>The Arrival/Departure Number must be 11 digits long. Enter numeric digits only.</p> <p>2) <input style="width: 100px;" type="text"/></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) <input style="width: 100px;" type="text"/></p> <p>The Visa Number must be 8 numeric digits.</p> <p>4) <input style="width: 100px;" type="text"/> (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) <input style="width: 100px;" type="text"/></p> <p>The Arrival/Departure Number must be 11 digits long. Enter numeric digits only.</p> <p>2) <input style="width: 100px;" type="text"/></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) <input style="width: 100px;" type="text"/></p> <p>The Visa Number must be 8 numeric digits.</p> <p>4) <input style="width: 100px;" type="text"/> (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# <input style="width: 100px;" type="text"/></p> <p>The Alien Registration Number must be 7 to 9 digits long. Enter numeric digits only.</p> <p>2) <input style="width: 100px;" type="text"/></p> <p>The Arrival/Departure Number must be 11 digits long. Enter numeric digits only.</p> <p>3) <input style="width: 100px;" type="text"/> (mm/dd/yyyy)</p> <p>4) Document Description: <input style="width: 100%; height: 20px;" type="text"/></p> <p><input style="width: 100%; height: 20px;" type="text"/></p> <p><input style="width: 100%; height: 20px;" type="text"/></p>

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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:

<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) <input type="text"/></p> <p>b) <input type="text"/></p> <p>c) <input type="text"/></p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>e) 1) <input type="checkbox"/> An employee who is unable to work as a direct result of the disaster. 2) <input type="checkbox"/> An individual who was scheduled to start work for an employer, but could not because of the disaster. 3) <input type="checkbox"/> A self-employed individual who is unable to work as a direct result of the disaster. 4) <input type="checkbox"/> An individual who intended to begin self-employment, but could not because of the disaster. 5) <input type="checkbox"/> An individual who became head of household as a result of the disaster.</p> <p>f) <input type="text"/></p> <p>g) <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>h) Street: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/></p>
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Step 8

Mail or Fax your completed application (pages 1-11 only) as indicated below. (Make sure to note the date and method of submission on page 12 and keep page 12 for your records.)

And you're Done!

UNEMPLOYMENT INSURANCE APPLICATION

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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 ten 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 ten 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