Employment Development Department
State of California

1101I01D 1114

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.

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?	1. ☐ Yes ☐ No If yes, check the applicable box(es) below: ☐ State(s) Outside California, specify state(s): _____ _____ ☐ Canada
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.)	2. ☐☐☐-☐☐-☐☐☐☐ a) ☐☐☐-☐☐-☐☐☐☐
2A. List any other Social Security numbers you have used.	2A. ☐☐☐-☐☐-☐☐☐☐ ☐☐☐-☐☐-☐☐☐☐
3. What is your full name?	3. Last _____ First _____ Middle Initial _____
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.	4. ☐ Yes ☐ No a) Last _____ First _____ Middle Initial _____
5. List any other names you have used.	5. _____ _____
6. What is your birth date?	6. _____ (mm/dd/yyyy)
7. What is your gender?	7. ☐ Male ☐ Female
8. Would you prefer your **written** material in English or Spanish? a) What is your preferred **spoken** language?	8. ☐ English ☐ Spanish a) _____
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.	9. ☐ Yes ☐ No a) Unemployment Claim Date(s) (mm/dd/yyyy) _____ _____ _____ a) Disability Claim Date(s) (mm/dd/yyyy) _____ _____ _____

1101I02

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: ___ ___ ___ – ___ ___ – ___ ___ ___ ___

10. Do you have a Driver License issued to you by a State/entity? a) If yes, provide the name of the issuing State/entity and your Driver License number. If no, answer questions b-d: b) Do you have an Identification Card issued to you by a State/entity? c) If yes, provide the name of the issuing State/entity and your Identification Card number. d) How do you look for work and, if you have work, how do you get to work?	10. ☐ Yes ☐ No a) Name of issuing State/entity: _____ Driver License Number: _____ If no, answer questions b-d: b) ☐ Yes ☐ No c) Name of issuing State/entity: _____ Identification Card Number: _____ d) Please Explain: _____
11. What is your telephone number? 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.	11. _____ – _____ – _____ a) ☐ TTY (Non-voice) ☐ California Relay Service
12. What is your **mailing address**? (Include your city, State, and ZIP code)	12. Street: _____ Apt.: _____ City: _____ State: _____ ZIP Code: _____
13. Is your **residence** address the same as your mailing address? 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.	13. ☐ Yes ☐ No a) Street: _____ Apt.: _____ City: _____ State: _____ ZIP Code: _____
14. If you do not live in California, what is the name of the County in which you live?	14. _____

15. What race or ethnic group do you identify with? Check one of the following:

☐ White	☐ Black not Hispanic	☐ Hispanic
☐ Asian	☐ American Indian/Alaskan Native	☐ Chinese
☐ Cambodian	☐ Filipino	☐ Other Pacific Islander
☐ Guamanian	☐ Asian Indian	☐ Japanese
☐ Korean	☐ Laotian	☐ Samoan
☐ Vietnamese	☐ Hawaiian	☐ I choose not to answer

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.)	16. ☐ Yes ☐ No ☐ I choose not to answer

17. What is the highest grade of school you have completed? Check only one box.

☐ Did not complete High School	☐ High School Diploma or GED	☐ Some college or vocational school
☐ Associate of Arts	☐ Bachelor of Arts or Science	☐ Masters or Doctorate

18. Are you a Military Veteran?	18. ☐ Yes ☐ No

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.

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? ☐ F/T ☐ 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? ☐ Yes ☐ 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? ☐ F/T ☐ 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? ☐ Yes ☐ 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? ☐ F/T ☐ 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? ☐ Yes ☐ 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? ☐ F/T ☐ 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? ☐ Yes ☐ No
If yes, provide phone number: ______ – ______ – ________

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: ___ ___ ___ – ___ ___ – ___ ___ ___ ___

19. **Continued**

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? ☐ F/T ☐ 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? ☐ Yes ☐ 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? ☐ F/T ☐ 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? ☐ Yes ☐ No

If yes, provide phone number: _____ – _____ – _____

20. During the past 18 months did you work for any other employers not listed in question 19?	20 ☐ Yes ☐ 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.
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 ☐ Yes ☐ No
22. During the past 18 months, which employer did you work for the longest? a) What type of business was operated by the employer? (Please be **specific**. For example, restaurant, dry cleaning, construction, book store.) b) How long did you work for that employer? c) What type of work did you do for that employer?	22. Employer name: _____ a) Type of business: _____ b) Years: _____ Months: _____ c) _____
23. What is your usual occupation?	23. _____
24. Is your usual work seasonal? If yes, answer questions a-c: a) When does the season usually begin? b) When does the season usually end? c) What other work-related skills do you have?	24. ☐ Yes ☐ No If yes, answer questions a-c: a) _____ (mm/dd/yyyy) b) _____ (mm/dd/yyyy) 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.

25. What is the last date you actually worked for your **very last employer**?	25. _____ (mm/dd/yyyy)
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.	a) $ _____
b) What is the complete name of your **very last employer**?	b) Name: _____
c) What is the mailing address of your very last employer?	c) Mailing address: Street: _____ City: _____ State: _____ ZIP Code: _____
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.) If no, what is the physical address of your very last employer?	d) ☐ Yes ☐ No Physical address: Street: _____ City: _____ State: _____ ZIP Code: _____
e) What is the telephone number of your very last employer at their physical address?	e) _____ – _____ – _____
f) What is the name of your immediate supervisor?	f) _____
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.	g) Reason: _____
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?	26. ☐ Yes ☐ No
If yes and a union was/is involved, answer questions a-b:	If yes and a union was not/is not involved, answer questions c-e:
a) What is the name and telephone number of the union? Name: _____ Phone: _____ – _____ – _____	c) How many employees left work? _____ d) Was there a spokesperson for the employees? ☐ Yes ☐ No e) If yes, what is his/her name and telephone number? Name: _____ Phone: _____ – _____ – _____
b) Are you going to receive strike benefits? ☐ Yes ☐ No	

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: ___ ___ ___ – ___ ___ – ___ ___ ___ ___

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

1101I07

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: ___ ___ ___ – ___ ___ – ___ ___ ___ ___

31. Are you currently attending, or do you plan on attending school or training? If yes, answer question a-g: 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 f? **NOTE:** If you are in a State Approved Apprenticeship training, you must mail your training completion certificate with your *Continued Claim Form*, DE 4581, for the week(s) of training. 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?	31. ☐ Yes ☐ No If yes, answer questions a-g: a) _____ (mm/dd/yyyy) b) _____ (mm/dd/yyyy) c) _____ d) Phone: _____ – _____ – _____ e) Days and hours: _____ _____ f) ☐ Yes ☐ No If yes, check only one box. ☐ Workforce Investment Act (WIA) ☐ Employment Training Panel (ETP) ☐ Trade Adjustment Assistance (TAA) ☐ California Work Opportunity and Responsibility to Kids (CalWORKS) ☐ State Approved Apprenticeship ☐ Union or Non-union Journey Level ☐ None of the above g) ☐ Yes ☐ No
32. Are you available for immediate full-time work in your usual occupation? a) If no, please explain why you are not available for full-time work.	32. ☐ Yes ☐ No a) Explanation: _____ _____
33. Are you available for immediate part-time work in your usual occupation? a) If no, please explain why you are not available for part-time work.	33. ☐ Yes ☐ No a) Explanation: _____ _____
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.)	34. ☐ Yes ☐ No
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? a) If yes, include name of organization and your title or position.	35. ☐ Yes ☐ No a) Name of Organization: _____ Title/Position: _____
36. Did you serve as an elected public official or Governor-exempt appointee in the last 18 months?	36. ☐ Yes ☐ No

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: ___ ___ ___ – ___ ___ – ___ ___ ___ ___

37. Are you currently receiving a pension? If yes, answer question a: a) Are you currently receiving more than one pension? If yes, proceed to question 38. If no, answer questions b-f: b) What is the name of the pension provider? c) Is the pension based on another person's work or wages? d) Is the pension a union pension or a pension funded by more than one employer? e) What is the name of the employer(s) paying into the pension? f) Did you work for that employer in the last 18 months?	37. ☐ Yes ☐ No If yes, answer question a: a) ☐ Yes ☐ No If yes, proceed to question 38. If no, answer questions b-f: b) _____ c) ☐ Yes ☐ No d) ☐ Yes ☐ No e) _____ _____ f) ☐ Yes ☐ No
38. Will you receive any additional pension(s) in the next 12 months? If yes, answer questions a-b: a) What is the name of the pension provider(s)? b) When will you receive the pension(s)?	38. ☐ Yes ☐ No If yes, answer questions a-b: a) _____ _____ b) _____ (mm/dd/yyyy) _____ (mm/dd/yyyy)
39. Are you receiving, or do you expect to receive, Workers' Compensation? If yes, answer questions a-d: a) Who is the insurance carrier? b) What is the insurance carrier's telephone number? c) What is the case number, if known? d) What are the dates of your claim, if known?	39. ☐ Yes ☐ No If yes, answer questions a-d: a) _____ b) Phone: _____ – _____ – _____ c) _____ d) From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)

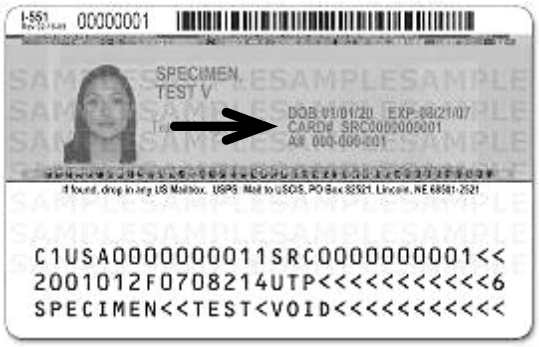
40. Have you received or do you expect to receive, any payments from your last employer, other than your regular salary? (Example: holiday pay, vacation pay, severance pay, in-lieu-of-notice pay, etc.) ☐ Yes ☐ No

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).

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)

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: ___ ___ ___ – ___ ___ – ___ ___ ___ ___

41. Are you a U. S. Citizen or National? If no, answer question a: a) Are you registered with the United States Citizenship and Immigration Services (USCIS, formerly INS) and authorized to work in the United States? b) Were you legally entitled to work in the United States for the last 19 months?	41. ☐ Yes ☐ No If no, answer question a: a) ☐ Yes ☐ No b) ☐ Yes ☐ No
IMPORTANT: If you answered "yes" to question "a" above, you must select one of the USCIS documents listed in 41A through 41H below and provide the applicable document information.	
41A. ☐ Permanent Resident Card (I-551) 1) Alien Registration Number (A#) 2) Permanent Resident Card Number (CARD#)  **NOTE:** The CARD# is on the back of the card, next to your photo, under the DOB and the EXP date. 3) Expiration Date (EXP)	41A. ☐ Permanent Resident Card (I-551) 1) A# _____ The Alien Registration Number must be 7 to 9 digits long. Enter numeric digits only. 2) _____ The CARD# must be 13 characters long. Enter 3 alphabetic characters followed by 10 numeric digits. If your current card was issued to you before December 1997, leave this blank. 3) _____ (mm/dd/yyyy)
41B. ☐ Employment Authorization Card (I-766) 1) Alien Registration Number (A#) 2) Expiration Date	41B. ☐ Employment Authorization Card (I-766) 1) A# _____ The Alien Registration Number must be 7 to 9 digits long. Enter numeric digits only. 2) _____ (mm/dd/yyyy)
41C. ☐ Refugee Travel Document (I-571) 1) Alien Registration Number (A#) 2) Expiration Date	41C. ☐ Refugee Travel Document (I-571) 1) A# _____ The Alien Registration Number must be 7 to 9 digits long. Enter numeric digits only. 2) _____ (mm/dd/yyyy)

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: ___ ___ ___ – ___ ___ – ___ ___ ___ ___

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

1101I11

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:

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

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