



UNEMPLOYMENT INSURANCE APPLICATION

失業金申請表格

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. 在過去 18 個月你曾在加州以外的州工作 及/或
在過去 18 個月你曾在加拿大工作嗎?

<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? 你的工卡號碼</p> <p>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.) 如果就業局給你 ECN 號碼 (9 個數字號碼),</p>	<p>2. a) </p>
<p>2A. List any other Social Security numbers you have used. 填上你曾經使用過的其他工卡號碼</p>	<p>2A. </p>
<p>3. What is your full name? 你的全名</p>	<p>3. Last First Middle Initial </p>
<p>4. Is this the name that appears on your Social Security card? 這姓名是你工卡上的姓名嗎? a) If no, provide the name that appears on your Social Security card. 如果不是, 填上你你工卡上的姓名</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. 填上你曾用過的所有姓名</p>	<p>5. </p>
<p>6. What is your birth date? 你的出生日期</p>	<p>6. (mm/dd/yyyy) 月/日/年, 例如: 02/06/1990</p>
<p>7. What is your gender? 你的性別</p>	<p>7. <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 男 <input type="checkbox"/> 女</p>
<p>8. Would you prefer your written material in English or Spanish? 你選擇英文還是西班牙文資料? a) What is your preferred spoken language?</p>	<p>8. <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> 英文 <input type="checkbox"/> 西班牙文 a) 你選擇講甚麼語言? a) 填 國語 Mandarin, 廣東話 Cantonese</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. 過去兩年中, 你曾否申報失業保險金或工傷保險金? a) 如有, 在申報的項目填上最近期的申報日期</p>	<p>9. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否 失業保險金申報日期 (月/日/年) a) Unemployment Claim Date(s) (mm/dd/yyyy) 工傷保險申報日期 (月/日/年) a) Disability Claim Date(s) (mm/dd/yyyy)</p>



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UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: - -

<p>10. Do you have a Driver License issued to you by a State/entity? 10. 你是否有州政府發出的駕駛執照?</p> <p>a) If yes, provide the name of the issuing State/entity and your Driver License number. a) 是的話, 填上發出的駕駛執照的州及號碼 否的話, 回答 b 至 d</p> <p>b) Do you have an Identification Card issued to you by a State/entity? b) 你是否有州政府發出的身份證?</p> <p>c) If yes, provide the name of the issuing State/entity and your Identification Card number. c) 是的話, 填上發出身份證的州及號碼</p> <p>d) How do you look for work and, if you have work, how do you get to work? d) 你怎樣找工作及, 如果你有工作, 你怎樣到工作地點?</p>	<p>10. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p>a) Name of issuing State/entity: <input type="text"/> 發出駕駛執照的州 Driver License Number: <input type="text"/> 駕駛執照號碼</p> <p>If no, answer questions b-d: 否的話, 回答 b 至 d</p> <p>b) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p>c) Name of issuing State/entity: <input type="text"/> 發出身份證的州 Identification Card Number: <input type="text"/> 身份證號碼</p> <p>d) Please Explain: <input type="text"/> 請說明</p>																		
<p>11. What is your telephone number? 你的电话号码</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 type="text"/> - <input type="text"/> - <input type="text"/> a. <input type="checkbox"/> TTY (非语音) <input type="checkbox"/> 加州傳話服務</p> <p>a) <input type="checkbox"/> TTY (Non-voice) <input type="checkbox"/> California Relay Service a) 如果你是聾啞人、听力不佳或有语言障碍并且使用 TTY 或加州傳話服務进行通信, 请选中相应的格子。</p>																		
<p>12. What is your mailing address? (Include your city, State, and ZIP code) 你的郵寄地址</p>	<p>12. Street: <input type="text"/> 街道 Apt.: <input type="text"/> 柏文 City: <input type="text"/> 城市 State: <input type="text"/> 州 ZIP Code: <input type="text"/> 郵區號碼</p>																		
<p>13. Is your residence address the same as your mailing address? 13. 你的住址和郵寄地址相同嗎?</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. a) 如果否, 請輸入你的居住地址。 (包括你的城市, 州, 郵區號碼和柏文)</p>	<p>13. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p>a) Street: <input type="text"/> 街道 Apt.: <input type="text"/> 柏文 City: <input type="text"/> 城市 State: <input type="text"/> 州 ZIP Code: <input type="text"/> 郵區號碼</p>																		
<p>14. If you do not live in California, what is the name of the County in which you live? 14. 如果你不居住在加州, 你居住的縣名是什麼?</p>	<p>14. <input type="text"/> 地址不能是郵政信箱。請提供街道地址。</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 白人</td> <td><input type="checkbox"/> Black not Hispanic 黑人, 非西班牙裔</td> <td><input type="checkbox"/> Hispanic 西班牙裔</td> </tr> <tr> <td><input type="checkbox"/> Asian 亞裔</td> <td><input type="checkbox"/> American Indian/Alaskan Native 美國土著/阿拉斯加土著</td> <td><input type="checkbox"/> Chinese 華裔 其他太平洋島民</td> </tr> <tr> <td><input type="checkbox"/> Cambodian 柬埔寨</td> <td><input type="checkbox"/> Filipino 菲律賓裔</td> <td><input type="checkbox"/> Other Pacific Islander 島民</td> </tr> <tr> <td><input type="checkbox"/> Guamanian 瓜馬尼亞</td> <td><input type="checkbox"/> Asian Indian 印度</td> <td><input type="checkbox"/> Japanese 日本</td> </tr> <tr> <td><input type="checkbox"/> Korean 韓國</td> <td><input type="checkbox"/> Laotian 老撾</td> <td><input type="checkbox"/> Samoan 薩摩亞</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese 越南</td> <td><input type="checkbox"/> Hawaiian 夏威夷</td> <td><input type="checkbox"/> I choose not to answer 选择不回答</td> </tr> </table>		<input type="checkbox"/> White 白人	<input type="checkbox"/> Black not Hispanic 黑人, 非西班牙裔	<input type="checkbox"/> Hispanic 西班牙裔	<input type="checkbox"/> Asian 亞裔	<input type="checkbox"/> American Indian/Alaskan Native 美國土著/阿拉斯加土著	<input type="checkbox"/> Chinese 華裔 其他太平洋島民	<input type="checkbox"/> Cambodian 柬埔寨	<input type="checkbox"/> Filipino 菲律賓裔	<input type="checkbox"/> Other Pacific Islander 島民	<input type="checkbox"/> Guamanian 瓜馬尼亞	<input type="checkbox"/> Asian Indian 印度	<input type="checkbox"/> Japanese 日本	<input type="checkbox"/> Korean 韓國	<input type="checkbox"/> Laotian 老撾	<input type="checkbox"/> Samoan 薩摩亞	<input type="checkbox"/> Vietnamese 越南	<input type="checkbox"/> Hawaiian 夏威夷	<input type="checkbox"/> I choose not to answer 选择不回答
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<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 <input type="checkbox"/> 是 <input type="checkbox"/> 否 <input type="checkbox"/> 选择不回答</p> <p>16. 你有殘疾嗎? (殘疾是嚴重限制一項或多項生活活動的身體或精神障礙, 例如照顧自己, 執行手動任務、走路、看、聽、說話、呼吸、學習或工作。)</p>																		
<p>17. What is the highest grade of school you have completed? Check only one box. 17. 你完成的最高學歷是什麼? 僅選一個格子</p> <table border="0"> <tr> <td><input type="checkbox"/> Did not complete High School 未完成高中</td> <td><input type="checkbox"/> High School Diploma or GED 高中文憑或 GED</td> <td><input type="checkbox"/> Some college or vocational school 有些大學或職業學校</td> </tr> <tr> <td><input type="checkbox"/> Associate of Arts 學士</td> <td><input type="checkbox"/> Bachelor of Arts or Science 學士</td> <td><input type="checkbox"/> Masters or Doctorate 碩士或博士學位</td> </tr> </table>		<input type="checkbox"/> Did not complete High School 未完成高中	<input type="checkbox"/> High School Diploma or GED 高中文憑或 GED	<input type="checkbox"/> Some college or vocational school 有些大學或職業學校	<input type="checkbox"/> Associate of Arts 學士	<input type="checkbox"/> Bachelor of Arts or Science 學士	<input type="checkbox"/> Masters or Doctorate 碩士或博士學位												
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<p>18. Are you a Military Veteran? 18. 你是退伍軍人嗎?</p>	<p>18. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否</p>																		

19. 提供你过去 18 个月的就业和工资资料。如果你經過临时公司、劳工承包商、演员代理人或女演员的代理人工作，或以公司名称报告工资的雇主，则你的工资可能以该雇主名称做报告。你可能要参考你的支票存根或 W-2 以获得你的雇主的姓名。

注意：重要的是要正确报告雇主名称和邮寄地址，工作期限及工资。不提供完整的资料将导致你的福利被延迟

<p>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.</p> <p>a) Name and mailing address of all employers you worked for in the last 18 months. a) 你过去 18 个月内工作的所有雇主的姓名和邮寄地址。</p> <p>b) Period of employment (Dates Worked). b) 工作期限 (工作日期)</p> <p>c) Total Wages earned for each employer in the last 18 months. c) 最近 18 个月每个雇主赚取的工资总额</p> <p>d) How you were paid (specify hourly, weekly, monthly, annually, commission, or at piece rate). d) 付款方式 (说明每小时, 每周, 每月, 每年, 佣金或按计件价格)</p> <p>e) Specify if you worked full-time or part-time. e) 说明你是全职还是兼职</p> <p>f) How many hours you worked per week. f) 你每周工作多少小时</p> <p>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. g) 如果雇主是 (或不是) 你从事与学校有关工作的学校或教育机构或公共或非牟利雇主, 在适当「是/否」格子上打勾</p> <p>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. 非牟利雇主, 在适当「是/否」格子上打勾</p>			
<p>a) Employer Name and Mailing Address 雇主姓名, 地址 b) Dates Worked 工作日期 c) Total Wages 工资总额 d) How were you paid? (e.g. weekly, monthly, etc.)? 你的糧期怎樣?</p> <p>Name: 雇主姓名 由 From: 至 To: 至</p> <p>Mailing Address: 邮寄地址</p> <p>Street: 街道 e) 你是全职还是兼职? <input type="checkbox"/> 全职 <input type="checkbox"/> 兼职</p> <p>City: 城市 f) 你每周工作几小时?</p> <p>State: 州 ZIP Code: 邮区号码 g) 该雇主是你从事学校相关工作的学校雇主还是公共或非牟利雇主?</p> <p>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? 是否如果是, 请提供电话号码:</p> <p>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</p>			
<p>a) Employer Name and Mailing Address 填寫雇主资料同上 b) Dates Worked c) Total Wages d) How were you paid? (e.g. weekly, monthly, etc.)?</p> <p>Name: 填寫雇主资料同上 From: 至 To: 至</p> <p>Mailing Address:</p> <p>Street:</p> <p>City:</p> <p>State: ZIP Code:</p> <p>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?</p> <p>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</p>			
<p>a) Employer Name and Mailing Address 填寫雇主资料同上 b) Dates Worked c) Total Wages d) How were you paid? (e.g. weekly, monthly, etc.)?</p> <p>Name: 填寫雇主资料同上 From: 至 To: 至</p> <p>Mailing Address:</p> <p>Street:</p> <p>City:</p> <p>State: ZIP Code:</p> <p>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?</p> <p>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</p>			
<p>a) Employer Name and Mailing Address 填寫雇主资料同上 b) Dates Worked c) Total Wages d) How were you paid? (e.g. weekly, monthly, etc.)?</p> <p>Name: 填寫雇主资料同上 From: 至 To: 至</p> <p>Mailing Address:</p> <p>Street:</p> <p>City:</p> <p>State: ZIP Code:</p> <p>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?</p> <p>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</p>			



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UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: - -

19. Continued

a) Employer Name and Mailing Address 填寫雇主資料同上 Name: <input type="text"/> Mailing Address: <input type="text"/> Street: <input type="text"/> City: <input type="text"/> State: <input type="text"/> ZIP Code: <input type="text"/>	b) Dates Worked From: <input type="text"/> To: <input type="text"/>	c) Total Wages \$ <input type="text"/>	d) How were you paid? (e.g., weekly, monthly, etc.)? <input type="text"/>
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? <input type="text"/>		
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: <input type="text"/> - <input type="text"/> - <input type="text"/>			

a) Employer Name and Mailing Address 填寫雇主資料同上 Name: <input type="text"/> Mailing Address: <input type="text"/> Street: <input type="text"/> City: <input type="text"/> State: <input type="text"/> ZIP Code: <input type="text"/>	b) Dates Worked From: <input type="text"/> To: <input type="text"/>	c) Total Wages \$ <input type="text"/>	d) How were you paid? (e.g., weekly, monthly, etc.)? <input type="text"/>
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? <input type="text"/>		
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: <input type="text"/> - <input type="text"/> - <input type="text"/>			

如果有, 在另一张纸上列出问题 19 a 至 g 的雇主资料。

20. During the past 18 months did you work for any other employers not listed in question 19? 在过去的 18 个月, 你是有否为未在问题 19 中列出的其他雇主工作?	20 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 有 <input type="checkbox"/> 没有 将另一张纸附加到此表格内。 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 <input type="checkbox"/> 是 <input type="checkbox"/> 否 21.如果就业局 EDD 发现你在标准基准期内没有足够的工资来确定有效的索赔, 你是否要尝试使用备用基准期提出索赔? 有关标准基准期和备用基准期的其他资料, 请浏览 EDD 网站 www.edd.ca.gov
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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: 雇主姓名 a) Type of business: 业务种类 b) Years: <input type="text"/> 年 Months: <input type="text"/> 月 c) <input type="text"/>
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23. What is your usual occupation? 你一般做甚麼職業	23. <input type="text"/>
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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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否 是的話, 回答 a 至 c If yes, answer questions a-c: a) <input type="text"/> 月/日/年 (mm/dd/yyyy) a) 季节通常从何时开始? b) <input type="text"/> 月/日/年 (mm/dd/yyyy) b) 季节通常什么时候结束 c) <input type="text"/> 月/日/年 c) 你还拥有哪些其他与工作相关的技能?
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22. 在过去的 18 个月中, 你在哪个雇主工作的时间最长? a) 雇主经营哪种类型的业务? (请具体说明。例如, 餐厅, 干洗店, 建筑, 书店。) b) 你为该雇主工作了多长时间? c) 你为该雇主做了什么类型的工作?

请提供有关你最后一位雇主的资料。无论你做该工作的时间长短，为该雇主所做的工作类型，或是否获得薪金，这都是你上一次工作的雇主。如果你在临时公司、劳工承包商、演员代理人或女演员的代理人中工作，或以公司名称报告工资的雇主，则你的工资可能以该雇主名称做报告。如果你做家居护理服务（IHSS），则为其提供家居服务的福利受益人是你的雇主，而不是县。你可能需要参考你的支票存根或 W-2 以获取你的雇主名称。提醒：要提出索赔，个人必须失业或少于全职工作。你必须提供有关你作为雇员工作的最后一位雇主的信息。除非你有另有保险，否则不要包括自雇工作。

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?

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.

b) What is the complete name of your very last employer? b) 你最后一位雇主的全名

c) What is the mailing address of your very last employer? c) 你最后一位雇主的邮寄地址

25. 你为最后一位雇主实际工作的最后日期是什么？ a) 你上周工作的总工资是多少？在失业保险的計算，一周从星期日开始，到下一个星期六结束。 b) 你最后一位雇主的全名是什么？ c) 你最后一位雇主的邮寄地址是什么？ d) 你最后一位雇主的实际地址与他们的邮寄地址相同吗？（实际地址不能是邮政信箱。请提供街道地址。）

d) 你最后一位雇主的实际地址与他们的邮寄地址相同吗？（实际地址不能是邮政信箱。请提供街道地址。）如果不同，你最后一位雇主的实际住址是什么？

e) What is the telephone number of your very last employer at their physical address?

f) What is the name of your immediate supervisor?

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.

25. (mm/dd/yyyy) 月/日/年

a) \$

b) Name: 姓名

c) Mailing address: 邮寄地址
Street: 街道
City: 城市
State: 州 ZIP Code: 邮区号码

d) ☐ Yes ☐ No
Physical address: ☐ 是 ☐ 否
Street: 街道
City: 城市
State: 州 ZIP Code: 邮区号码

e) - -
f)
g) Reason: 原因

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?

If yes and a union was/is involved, answer questions a-b: 如果是并且涉及工会,请回答 a 至 b

a) What is the name and telephone number of the union? a) 工会名称和电话号码是什么？
Name: 工会名称
Phone: 电话 - -

b) 你将获得罢工福利吗？
b) Are you going to receive strike benefits?
☐ Yes ☐ No ☐ 是 ☐ 否

26. ☐ Yes ☐ No ☐ 是 ☐ 否

26. 你是否由于劳工纠纷（例如罢工或停工）而（直接或间接）在任何雇主（最后一个雇主或最近 18 个月内的任何雇主）失去工作？

If yes and a union was not/is not involved, answer questions c-e: 如果是，但没有工会介入，回答问题 c 至 e

c) How many employees left work? c) 有多少雇员离职？

d) Was there a spokesperson for the employees? ☐ Yes ☐ No

e) If yes, what is his/her name and telephone number? ☐ 是 ☐ 否
Name: 姓名
Phone: 电话 - -

d) 员工有发言人吗？ e) 如果是，他/她的名字和电话号码是什么

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f) 你的直属上司叫什么名字？ g) 在提供的空间内，用你自己的话简要解释你不再为最后一位雇主工作的原因。 请不要包括任何附件。



1101I06

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>27. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p>If yes, answer questions a-e 如果是, 请回答问题 a 至 e</p> <p>a) Name: 姓名</p> <p>Mailing Address 邮寄地址</p> <p>Street: 街道</p> <p>City: 城市</p> <p>State: 州 ZIP Code: 邮区号码</p> <p>Phone: 电话 - -</p> <p>Name: 姓名</p> <p>Mailing Address 邮寄地址</p> <p>Street: 街道</p> <p>City: 城市</p> <p>State: 州 ZIP Code: 邮区号码</p> <p>Phone: 电话 - -</p> <p>b) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p>c) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p>If yes, when? (mm/dd/yyyy) 月/日/年</p> <p>如果是, 什么时候</p> <p>e) (mm/dd/yyyy) 月/日/年</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 <input type="checkbox"/> 是 <input type="checkbox"/> 否</p>
<p>29. Do you have a date to start work with any employer?</p> <p>If yes, answer question a:</p>	<p>29. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p>If yes, answer question a: 如果是, 回答问题 a</p> <p>a) (mm/dd/yyyy) 月/日/年</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 <input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p>If yes, answer questions a-f: 如果是, 回答问题 a 至 f</p> <p>a) (非工会协会, 填「0」)</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 <input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p>e) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p>f) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否</p>

a) 你的工会或非工会组织的名称是什么?

b) 你的工会本地号码是多少?

c) 你的工会或非工会行业协会的电话号码是什么?

31.你目前正在上学，还是计划上学或培训？如果是，请回答问题 a-g:

a) 学校或培训的开始日期是什么？ b) 当前会议的结束日期是什么？ c) 学校的名字是什么？ d) 学校的电话号码是多少？ e) 你上学或计划上学的日期和时间是什么？ f) 你的学校或培训计划是否由 f 节所列计划之一授权或资助？注意：如果你正在接受州批准的学徒培训，则必须在培训的一周内将你的培训完成证书与 DE 4581 的续领表格一起邮寄。 g) 如果你有工作或被提供平常的工作，上学的日子和时间会妨碍你全职工作吗？

<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 <input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p>If yes, answer questions a-g: 如果是，请回答问题 a-g:</p> <p>a) _____ (mm/dd/yyyy) 月/日/年</p> <p>b) _____ (mm/dd/yyyy) 月/日/年</p> <p>c) _____</p> <p>d) Phone: 电话 _____ - _____</p> <p>e) Days and hours: 日期和时间 _____</p> <p>f) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p>If yes, check only one box. 仅选一个格子</p> <p><input type="checkbox"/> Workforce Investment Act (WIA) 劳动力投资法 (WIA)</p> <p><input type="checkbox"/> Employment Training Panel (ETP) 就业培训小组 (ETP)</p> <p><input type="checkbox"/> Trade Adjustment Assistance (TAA) 贸易调整援助 (TAA)</p> <p><input type="checkbox"/> California Work Opportunity and Responsibility to Kids (CalWORKS) 加州儿童工作机会和对孩子责任计划</p> <p><input type="checkbox"/> State Approved Apprenticeship 加州认可的学徒计划</p> <p><input type="checkbox"/> Union or Non-union Journey Level 工会或非工会初级技工</p> <p><input type="checkbox"/> None of the above 以上都不是</p> <p>g) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否</p>
<p>32. Are you available for immediate full-time work in your usual occupation?</p> <p>32.你可以立即在你通常做的工作,做全职工作吗?</p> <p>a) If no, please explain why you are not available for full-time work.</p> <p>a) 如果否，请解释为什么你无法全职工作</p>	<p>32. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p>a) Explanation: 解释 _____</p>
<p>33. Are you available for immediate part-time work in your usual occupation?</p> <p>32.你可以立即在你通常做的工作,做兼职工作吗?</p> <p>a) If no, please explain why you are not available for part-time work.</p> <p>a) 如果否，请解释为什么你无法做兼职工</p>	<p>33. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p>a) Explanation: 解释 _____</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 <input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p>34.你目前是自雇人士，或是打算成为自雇人士嗎？（自雇工作即是你拥有自己的业务或以独立承包商的身份工作。）</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>a) 如果是，请提供组织名称及你的职务或职位。</p>	<p>35. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p>35.你现在的公司、或是你在过去的 18 个月内是公司或工会的管理人员，或是公司的唯一或主要股东嗎？</p> <p>a) Name of Organization: 组织名称 _____</p> <p>Title/Position: 职位名称 _____</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 <input type="checkbox"/> 是 <input type="checkbox"/> 否</p>

36.你在过去的 18 个月中曾当选为公职官员或州长免公職的委任职员吗？

37.你目前正在领取养老金吗？如果是，请回答问题：

a: a) 你目前是否收到一份以上的养老金？如果是，请继续回答问题 38。如果否，请回答问题 b 至 f: b) 养老金提供者的名字是什么？ c) 养老金是否基于他人的工作或工资？ d) 养老金是工会养老金还是由多个雇主提供的养老金？ e) 支付退休金的雇主的名字是什么？ f) 在过去的 18 个月内，你是否曾为该雇主工作？

<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>If yes, proceed to question 38.</p> <p>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 <input type="checkbox"/>是 <input type="checkbox"/>否</p> <p>If yes, answer question a: 如果是，请回答问题 a</p> <p>a) <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>是 <input type="checkbox"/>否</p> <p>If yes, proceed to question 38. 如果是，请继续回答问题 38</p> <p>If no, answer questions b-f: 如果不是，请回答问题 b 至 f</p> <p>b) _____</p> <p>c) <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>是 <input type="checkbox"/>否</p> <p>d) <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>是 <input type="checkbox"/>否</p> <p>e) 填支付退休金的雇主的名字 _____</p> <p>f) <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>是 <input type="checkbox"/>否</p>		
<p>38. Will you receive any additional pension(s) in the next 12 months?</p> <p>38.在接下来的 12 个月内，你还会获得其他养老金吗？</p> <p>If yes, answer questions a-b: 如果是，请回答问题 a 至 b</p> <p>a) What is the name of the pension provider(s)?</p> <p>a) 养老金提供者的名字是什么？</p> <p>b) When will you receive the pension(s)?</p> <p>b) 你什么时候可以领取退休金？</p>	<p>38. <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>是 <input type="checkbox"/>否</p> <p>If yes, answer questions a-b: 如果是，回答问题 a 至 b</p> <p>a) _____</p> <p>b) _____ (mm/dd/yyyy) 月/日/年 _____ (mm/dd/yyyy) 月/日/年</p>		
<p>39. Are you receiving, or do you expect to receive, Workers' Compensation?</p> <p>39.你是否正在收到或希望获得工人赔偿(劳工福利)?</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>d) 你的索赔日期 (如果知道) ?</p>	<p>39. <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>是 <input type="checkbox"/>否</p> <p>If yes, answer questions a-d: 如果是,回答 a 至 d</p> <p>a) a) 谁是保险公司? _____</p> <p>b) Phone: b) 保险公司的电话号码 _____</p> <p>c) c) 案件编号是什麽 (如果知道) _____</p> <p>d) From: 由 _____ (mm/dd/yyyy) 月/日/年 To: 至 _____ (mm/dd/yyyy) 月/日/年</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.)</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> <p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>是 <input type="checkbox"/>否</p>			
<p>A. TYPE OF PAYMENT (Example: vacation pay)</p>	<p>B. AMOUNT OF PAYMENT (Example: \$600)</p>	<p>C. PAID FROM (Date: mm/dd/yyyy)</p>	<p>D. PAID TO (Date: mm/dd/yyyy)</p>
<p>a.付款方式 (例如: 休假工资)</p>	<p>b.付款金额 (例如: \$ 600)</p>	<p>c.付款开始期 (月/日/年)</p>	<p>d.付款最後日期 (月/日/年)</p>

40. 除了你的固定薪金,你是否收到了或將會收到前雇主的付款? (例如: 假期工资, 休假工资, 遣散费, 未有符合遣散通知期的付款等)。如果是, 请提供 a 至 d 部分中的資料。如果你一次性获得遣散费, 请完成 a 至 c 部分 (在 c 部分中, 报告一次性支付的日期)。


41. 你是美国公民嗎？

如果否，请回答问题 a：

a) 你是否已在美国公民及移民服务局（USCIS，前 INS）注册并获得授权在美国工作？

b) 在过去 19 个月内，你在法律上有权在美国工作吗？

重要：如果你上面的问题「a」回答「是」，则必须选择下面 41A 至 41H 中列出的 USCIS 文件之一，并提供适用的文件

<p>41. Are you a U. S. Citizen or National?</p> <p>If no, answer question a:</p> <p>a) Are you registered with the United States Citizenship and Immigration Services (USCIS, formerly INS) and authorized to work in the United States?</p> <p>b) Were you legally entitled to work in the United States for the last 19 months?</p>	<p>41. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p>If no, answer question a: <input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p>a) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p>b) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否</p>
<p>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.</p>	
<p>41A. <input type="checkbox"/> Permanent Resident Card (I-551)</p> <p>1) Alien Registration Number (A#)</p> <p>41A. 永久居民卡 (I-551) (綠卡)</p> <p>1) 外国人登记号码 (A#) (綠卡号码)</p> <p>2) Permanent Resident Card Number (CARD#)</p>  <p>NOTE: The CARD# is on the back of the card, next to your photo, under the DOB and the EXP date.</p> <p>3) Expiration Date (EXP) <input type="checkbox"/> 是 <input type="checkbox"/> 否</p>	<p>41A. <input type="checkbox"/> Permanent Resident Card (I-551)</p> <p>1) A# <u>綠卡号码</u></p> <p>The Alien Registration Number must be 7 to 9 digits long. Enter numeric digits only. 1) A# 外国人登记号码必须为 7 至 9 位数字。仅输入数字。</p> <p>2) <u> </u> 仅输入数字。</p> <p>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.</p> <p>2. CARD# 必须为 13 个字母。输入 3 个英文字母，然后输入 10 个数字。如果你目前的卡是在 1997 年 12 月之前发给你的，则将此留空。</p> <p>3) <u> </u> (mm/dd/yyyy) 月/日/年</p>
<p>41B. <input type="checkbox"/> Employment Authorization Card (I-766)</p> <p>1) Alien Registration Number (A#)</p> <p>41B. <input type="checkbox"/> 就业授权卡 (I-766)</p> <p>1) 外国人登记号码 (A#)</p> <p>2) Expiration Date 到期日期</p>	<p>41B. <input type="checkbox"/> Employment Authorization Card (I-766) <input type="checkbox"/> 就业授权卡 (I-766)</p> <p>1) A# <u>綠卡号码</u></p> <p>The Alien Registration Number must be 7 to 9 digits long. Enter numeric digits only. 就业授权卡 (I-766) 1) A# 外国人登记号码必须为 7 至 9 位数字。仅输入数字。</p> <p>2) <u>月/日/年</u> (mm/dd/yyyy)</p>
<p>41C. <input type="checkbox"/> Refugee Travel Document (I-571)</p> <p>1) Alien Registration Number (A#)</p> <p>41C. <input type="checkbox"/> 难民旅行证件 (I-571)</p> <p>1) 外国人登记号码 (A#)</p> <p>2) Expiration Date 到期日期</p>	<p>41C. <input type="checkbox"/> Refugee Travel Document (I-571)</p> <p>1) A# <u> </u></p> <p>The Alien Registration Number must be 7 to 9 digits long. Enter numeric digits only.</p> <p>2) <u> </u> (mm/dd/yyyy) <input type="checkbox"/> 月/日/年</p>

41C. ☐ 难民旅行证件 (I-571)

1) A# 外国人登记号必须为 7 至 9 位数字。仅输入数字。



1101I10

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: - -

<p>41D. <input type="checkbox"/> Arrival/Departure Record (I-94)</p> <p>1) Arrival/Departure Number</p> <p>41D. 入境/离境记录 (I-94)</p> <p>1) 入境/离境号码</p> <p>2) Expiration Date 有效期</p>	<p>41D. <input type="checkbox"/> Arrival/Departure Record (I-94) 41D. 入境/离境记录 (I-94)</p> <p>1) <input type="text"/></p> <p>The Arrival/Departure Number must be 11 digits long. Enter numeric digits only. 1) 入境/离开号码必须为 11 位数字。仅输入数字。</p> <p>2) <input type="text"/> (mm/dd/yyyy) 月/日/年</p>
<p>41E. <input type="checkbox"/> Re-entry Permit (I-327) 41E. 再入境许可证 (I-327)</p> <p>1) Alien Registration Number (A#)</p> <p>1) 外国人登记号码 (A#)</p> <p>2) Expiration Date 有效期</p>	<p>41E. <input type="checkbox"/> Re-entry Permit (I-327) 有效期</p> <p>1) A# <input type="text"/> 1) 外国人登记号码 (A#)</p> <p>The Alien Registration Number must be 7 to 9 digits long. Enter numeric digits only. 外国人登记号码必须为 7 到 9 位数字, 仅输入数字。</p> <p>2) <input type="text"/> (mm/dd/yyyy) 月/日/年</p>
<p>41F. <input type="checkbox"/> Unexpired Foreign Passport 41F 未过期的外国护照</p> <p>1) Arrival/Departure Number</p> <p>1) 入境/离境号码</p> <p>2) Passport Number</p> <p>2) 护照号码</p> <p>3) Visa Number</p> <p>2) 护照号码</p> <p>4) Expiration Date 4) 有效期</p>	<p>41F. <input type="checkbox"/> Unexpired Foreign Passport 41F 未过期的外国护照</p> <p>1) <input type="text"/> 1) 到达/离境号码必须为 11 位数字。仅输入数字。</p> <p>The Arrival/Departure Number must be 11 digits long. Enter numeric digits only.</p> <p>2) <input type="text"/> 2) 护照号码必须为 6 到 12 个字母和数字。</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 type="text"/> 3) 签证号码必须为 8 位数字。</p> <p>The Visa Number must be 8 numeric digits.</p> <p>4) <input type="text"/> (mm/dd/yyyy) 月/日/年</p>
<p>41G. <input type="checkbox"/> Arrival/Departure Record (I-94) in Unexpired Foreign Passport</p> <p>1) Arrival/Departure Number</p> <p>1) 入境/离境号码</p> <p>2) Passport Number</p> <p>2) 护照号码</p> <p>3) Visa Number</p> <p>3) 签证号码</p> <p>4) Expiration Date 4. 有效期</p>	<p>41G. <input type="checkbox"/> Arrival/Departure Record (I-94) in Unexpired Foreign Passport</p> <p>41G. 未过期外国护照的入境/离境记录 (I-94)</p> <p>1) <input type="text"/> 1) 到达/离境号码必须为 11 位数字。仅输入数字。</p> <p>The Arrival/Departure Number must be 11 digits long. Enter numeric digits only. 2) 护照号码必须为 6 到 12 个字母和数字。</p> <p>2) <input type="text"/> 通常可以在文件的右上角找到</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 type="text"/> 3) 签证号码必须为 8 位数字。</p> <p>The Visa Number must be 8 numeric digits.</p> <p>4) <input type="text"/> (mm/dd/yyyy) 月/日/年</p>
<p>41H. <input type="checkbox"/> Other Document (not listed in Section A to G)</p> <p>1) Alien Registration Number (A#)</p> <p>41H 其他文件 (未在 A 至 G 节中列出)</p> <p>1) 外国人登记号码 (A#)</p> <p>2) Arrival/Departure Number</p> <p>2) 入境/离境号码</p> <p>3) Expiration Date 3. 有效期</p> <p>4) Document Description 4. 文件说明</p>	<p>41H. <input type="checkbox"/> Other Document (not listed in Section A to G)</p> <p>41H 其他文件 (未在 A 至 G 节中列出)</p> <p>1) A# <input type="text"/></p> <p>The Alien Registration Number must be 7 to 9 digits long. Enter numeric digits only. 1) 外国人登记号码必须为 7 至 9 位数字仅输入数字。</p> <p>2) <input type="text"/></p> <p>The Arrival/Departure Number must be 11 digits long. Enter numeric digits only. 2) 入境/离境号码必须为 11 位数字。仅输入数字。</p> <p>3) <input type="text"/> (mm/dd/yyyy) 月/日/年</p> <p>4) Document Description: <input type="text"/> 4. 文件说明</p>

灾难失业援助（DUA）补充表格-附件 D

如果你因灾难而失业或失去部分工作，请完成以下步骤，因为你可能有资格获得灾难失业援助 DUA 福利：

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>1. 你是否因为加州最近发生的灾害（例如地震、洪水、泥石流、野火等）直接失业？</p> <p>If yes: 如果是:</p> <p>a) Identify the type of disaster. a) 确定灾难的类</p> <p>b) At the time of the disaster, in which county did you reside? b) 在灾难发生时，你居住在哪个县？</p> <p>c) At the time of the disaster, in which county did you work? c) 在灾难发生时，你在哪个县工作？</p> <p>d) At the time of the disaster, was your unemployment caused by your need to travel through a disaster area? d) 在灾难发生时，你的失业是由于需要穿越灾区而造成的吗？</p> <p>If yes: 如果是:</p> <p>Identify the disaster county or counties that prevent travel to your job. 如果是: 确定灾难县或阻碍你上班的县。</p> <p>e) Check the following that best applies to you: e) 检查以下最适合你的内容:</p> <p>1) 因灾难直接导致无法工作的员工。</p> <p>2) 计划开始为雇主工作但由于灾难而无法工作的个人。</p> <p>3) 由于灾难而无法工作的自雇人士。</p> <p>4) 打算开始自谋职业，但由于灾难而无法创业的个人。</p> <p>5) 由于灾难而成为一家之主的个人。</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>f) 如果你选择了上面的 e1 或 e3，你在灾难发生前工作了几个小时？</p>	<p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p>If yes, answer questions a-d: 如果是，请回答问题 a-d:</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 是 <input type="checkbox"/> 否</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>h) Street: 街道 _____</p> <p>City: 城市 _____</p> <p>State: 州 _____ ZIP Code: 邮区号码 _____</p>
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g) 如果你选择了上面的 e3 或 e4，请简要描述灾难如何影响你继续或开始自谋职业的能力。

h) 你公司的实际地址是什么？

UNEMPLOYMENT INSURANCE APPLICATION

Social Security number: - -

DO NOT MAIL OR FAX THIS PAGE

请勿邮寄或传真此页

SUBMITTING YOUR APPLICATION 递交申请

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.

确保完整检查你的申请表的完整填写。不完整填写的申请表可能会延迟或阻止你提出的索赔，或导致福利被拒绝。

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

通过邮件或传真递交完整的申请表，包括任何适用的附件：

By MAIL to the following address: 邮寄到右面的地址： 传真到以下电话号码：	EDD P.O. Box 12906 Oakland, CA 94604-2909 NOTE: Extra postage is required. 注意：需要额外的邮费。
By FAX to the following telephone number:	1-866-215-9159

传真到以下电话号码：

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 英语	Spanish 1-800-326-8937 西班牙语	Mandarin 1-866-303-0706 普通话
TTY (Non Voice) 1-800-815-9387	Cantonese 1-800-547-3506 粤语	Vietnamese 1-800-547-2058 越南语

TTY (非语音)

Date Submitted: by ☐ Mail or ☐ Fax

递交日期：通过邮件或传真

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