NORTHERN CALIFORNIA INDIAN DEVELOPMENT COUNCIL, INC 241 "F" STREET* EUREKA, CA 95501 PHONE (707) 445-8451* FAX (707) 445-8479

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:				DATE:				
NAME:			SOCIAL SECURITY#					
			First	Middle				
ADDF	RES	S Mailing Addres	SS	City		State		Zip
					E PHONE:_()		•
TELEPHONE: ()MESSAGE PHONE: () WORK PHONE: ()MAY WE CALL YOU AT WORK?								
CHECK YES OR NO TO EACH OF THE FOLLOWING QUESTIONS, EXPLAIN WHEN NECESSARY. YES NO (Please type or print)						ARY.		
		Are you now, or have employment:					nd locatio	n of
		Are you related by blorelationship, position						
		Have you ever been d	lischarged or for	ced to resign fror	n any employmer	nt? If Yes, give de	etails:	
		Will you accept:] Full Time	☐ Part Time	☐ Tempora	ry		
		What date will you be	available for em	ployment?		Water to the state of the state	·	
		Do you have any physical condition, which might limit your ability to perform the job for which you are applying? If yes how can we accommodate your needs?						
		Are you over 18 years of age? (If no, a work permit or proof of emancipation will be required.)						
		Do you have the legal right to remain permanently in the United States? (If hired, you will be required to submit proof of the legal right to work in the United States.)						
		Do you have a valid California Driver License? (A current motor vehicle report may be required, if driving is necessary for the position you are applying for.)						
		Have you graduated from high school? If No, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11						
Special Training: - List any training you have had which may help to qualify you for the position, which you are applying. Include trade, vocational and business schools and manpower training programs. Indicate type of training, where acquired, dates and whether you completed it successfully.								
License/Certificates: - List any license or certificates you have which may help you qualify for the position, which you are applying. Include driver license, typing or steno certificates, professional registration, etc.: Title State Number Date Issued Date Expires								
		Name	Locati	ion	Date: From/To	Major	Units	Degree
	Marie III.							
·								

Yes	May NCIDC contac	t your current or last employer if co	•
	otions as separate jobs. Be	sure to include appropriate military	R PRESENT OR LAST JOB, in reverse order. Show experience. xperience in the position for which you are applying.
	Dates of Work From	Address	Supervisor's Name Title
	To		Wages (hr/mo)
	Hrs per week		
	Prom Dy. Yr.	Address	Supervisor's Name Title
	To	Your Title	Wages (hr/mo)
	Hrs per week		Reason for leaving
	Dates of Work From	Address	Supervisor's Name Title
	Mo. Dy. Yr. To Dy. Yr. Full Time		Wages (hr/mo)
	Part Time		Reason for leaving
releas furnis applic or fed	ation and /or separation from the I give the Employer the right be from liability the Employer and hing such information. The Employer is an equal opation is used for the purpose of eral law. This application is current fo	e employer's service if I have been en to investigate all references and to se d it's representatives from seeking suc portunity employer. The Employer do limiting or excluding any applicant's co	cure additional information about me, if job related. I hereby h information and all other corporations or organizations for es not discriminate in employment and no question on this ensideration for employment on a basis prohibited by local his time, if I have not heard from the Employer and still wish
Signa	ture of Applicant		Date

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SUPPLEMENTAL APPLICANT INFORMATION

Date:		-		
Name:		-		
Social Security Number	·:	•	day and a supplied and an all the state of	
Driver License Number	·			
Automobile Insurance A	Agency:			
In Case of Emergency,	Contact:			
Name:				
Address:	Street			
- Phone:	City		State	Zip

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ETHNIC SELF-IDENTIFICATION SURVEY

CALIFORNIA LAW (GOVT. CODE SECTION 1233) PERMITS EMPLOYERS TO ASK JOB APPLICANTS TO VOLUNTARILY IDENTIFY THEIR ETHNIC BACKGROUND. THIS INFORMATION IS USED TO EVALUATE THE CORPORATIONS AFFIRMATIVE ACTION PLAN AND TO COMPLY WITH STATE AND FEDERAL REGULATIONS, WHICH REQUIRE REPORTING OF STATISTICAL INFORMATION NECESSARY TO ASSES EMPLOYMENT OPPORTUNITY IN THE COUNTY.

THIS FORM WILL BE DETATCHED FROM YOUR APPLICATION AND KEPT IN A SEPARATE FILE. THIS INFORMATION WILL ONLY BE USED TO EVALUATE DEVICES USED TO RECRUIT APPLICANTS. IT WILL NOT BE USED IN ANY WAY TO MEASURE QUALIFICATIONS OR MAKE ANY EMPLOYMENT DECISIONS.

POS	ITION APPLYING	FOR								
GEN	IDER: MALE []	FEMALE								
AGE		21-29	□ 30-39	☐ 40-49	<u> </u>	50-59		60 OR OVER		
EHT	EHTNIC CATEGORY – PLEASE CHECK APPROPRIATE SPACE:									
	WHITE		(INCLUDES IN	IDO-EUROPEA	N, PAKA	ASTANI A	AND EA	AST INDIAN)		
	BLACK		(INCLUDES AF	FRICAN, JAMA	ICAN, TF	RINIDAD	IAN AN	ND WEST		
	HISPANIC		(INCLUDES MEXICAN, PUERTO RICAN, LATIN AMERICAN AND SPANISH)							
	FILIPINO									
	ASIAN OR PACIFIC ISLANDER		(INCLUDES JAPANESE, CHINESE, AND KOREAN)							
	NATIVE AMERICAN		(INCLUDES PERSONS WHO IDENTIFY THEMSELVES AS A NATIVE AMERICAN OR ARE KNOWN BY VIRTUE OF THEIR TRIBAL ASSOCIATION)							
	OR ALASKAN NATIVE		(INCLUDES ALUETS, ESKIMOS)							
IF YC	OU HAVE A HANI	DICAP OI	R RECORD OF	IMPAIRMENT	PLEASI	E INDICA	ATE BE	ELOW:		
	HEARING	SIG	-i T	SPEECH		☐ PHY	/SICAL	-		
	DEVELOPMENT.	AL		OTHER, P	LEASE S	SPECIFY	:			

Revised 1/2/18



501 North Main Street Yreka, California 96097 (530) 842-6157/ Fax (530) 842-4521

EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD) TO:

Unemployment Insurance Division, MIC 40 P.O. Box 826880

EDD FAX No.: 916-319-1486

, authorize the Employment Development Department

Sacramento, CA 94280-0001

WIOA UI - DATA CONSENT AUTHORIZATION FORM

ALL OF THE FOLLOWING ENTRIES MUST BE COMPLETED

COMPLETED BY CUSTOMER

PRINT OR TYPE CUSTOMER'S FULL	(FIRST, MI, LAST) NAME AUTHORIZING THE RELEASE OF THE UI INFORMATION						
	to release a copy of the following records pertaining to my Unemployment Insurance (UI) information:						
	s by quarter as reported by my former employers for the last three completed quarters.						
Reginning and ending dates	of most recent valid UI claim and claim award (weekly and maximum benefit amount), claim balance, and whether I						
have exhausted my benefits							
 Last employer name and ad 	dress, last date worked, and whether laid off due to lack of work.						
I also authorize the Workforce	Innovation and Opportunity Act (WIOA) entity referenced below to use my EDD information for purposes related to						
my eligibility under the WIOA, I	Public Law 113-128, for the Dislocated Worker Program and other WIOA services or programs. This Authorization nths from the date signed below.						
shall remain in elect for 12 no	non are date agreed boom.						
	CUSTOMER'S SIGNATURE:						
(CUSTOMER SELECT ONE)							
THE WALLET AND CONCENT AND	SIGNATURE DATE CUSTOMER'S SSN:						
TRANSMIT MY CONSENT AND UI INFORMATION VIA:	SIGNATURE DATE						
U.S. Mail –(With original							
consent form to EDD.)	COMPLETED BY THE SUBRECIPIENT CASE WORKER						
区本 FAX to the EDD number	I certify under penalty of perjury that the original copy of this Consent Authorization was signed and dated by the individual who is the subject of this request and available for EDD inspection upon request. It will be made part of the case file.						
listed above and to the							
Subrecipient's number according to the Location							
Code.	Northern California Indian Development Council, In						
NOTE:	SUBRECIPIENT NAME						
A Fax or a photocopy of this	Torres P. T.						
form is deemed as valid as the original Consent Authorization.	Joyce E. Jones NAME OF CASE WORKER TO WHOM RECORDS ARE TO BE SENT						
Personal Information							
transmitted via FAX (a public	REQUESTING SUBRECIPIENT CASE WORKER SIGNATURE						
network) may not be protected against unauthorized access							
while in transit.	(530) 842 - 6157 / /						
	SUBRECIPIENT CASE WORKER PHONE NUMBER SIGNATURE DATE						

CONFIDENTIALITY NOTICE:

- The disclosure of your social security number is voluntary. However, since most EDD records are filed by social security number, EDD may be unable to locate any or all of the records requested without it.
- This notice is for the sole use of the intended recipients. It contains confidential information. Under Penal Code 502 and Civil Code 1798.53 any unauthorized review, use, disclosure, or distribution of the content of this document is prohibited and subject to criminal penalties/fines.
- If you are not the intended recipient of document, please return it to the originating agency.

WUI-DCAF Rev 1 (07-16)

INSTRUCTIONS: Submit on Subrecipient letterhead and complete all entries. Forms with blank fields will not be processed. Please note: The EDD response will include the customer's name and only the last four numbers of the social security number pursuant to Civil Code