



Yes  No

May NCIDC contact your current or last employer if considering you for a job offer?  
If No, explain \_\_\_\_\_

Work History – List your work experience, BEGINNING WITH YOUR PRESENT OR LAST JOB, in reverse order. Show promotions as separate jobs. Be sure to include appropriate military experience.

**IMPORTANT:** Check box if the job gave you specific experience in the position for which you are applying.

<input type="checkbox"/>	<b>Dates of Work</b> From _____ Mo. Dy. Yr. To _____ Mo. Dy. Yr. Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hrs per week _____	Employer's Name _____ Supervisor's Name _____ Address _____ Phone # _____ Title _____ Your Title _____ Wages (hr/mo) _____ Describe your duties _____ Reason for leaving _____
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It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and /or separation from the employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and it's representatives from seeking such information and all other corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local or federal law.

This application is current for only (60) days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**NORTHERN CALIFORNIA  
INDIAN DEVELOPMENT COUNCIL, INC.**  
241 "F" STREET\*EUREKA, CALIFORNIA 95501  
PHONE (707) 445-8451\*FAX (707) 445-8479  
1(800) 556-2381

**SUPPLEMENTAL APPLICANT INFORMATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Automobile Insurance Agency: \_\_\_\_\_

In Case of Emergency, Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City

State

Zip

Phone: (\_\_\_\_) \_\_\_\_\_





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

TO: **EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD)**  
**Unemployment Insurance Division, MIC 40**  
**P.O. Box 826880**  
**Sacramento, CA 94280-0001**

**EDD FAX No.: 916-319-1486**

**WIOA UI - DATA CONSENT AUTHORIZATION FORM**

ALL OF THE FOLLOWING ENTRIES MUST BE COMPLETED

**COMPLETED BY CUSTOMER**

I, \_\_\_\_\_, authorize the Employment Development Department  
 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:

- Total dollar amount of wages by quarter as reported by my former employers for the last three completed quarters.
- Beginning 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 address, 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, *Public Law 113-128*, for the Dislocated Worker Program and other WIOA services or programs. This Authorization shall remain in effect for 12 months from the date signed below.

(CUSTOMER SELECT ONE)
TRANSMIT MY CONSENT AND UI INFORMATION VIA:
<input type="checkbox"/> U.S. Mail --(With original consent form to EDD.)
<input checked="" type="checkbox"/> FAX to the EDD number listed above and to the Subrecipient's number according to the Location Code.
NOTE:
• A Fax or a photocopy of this form is deemed as valid as the original Consent Authorization.
• Personal information transmitted via FAX (a public network) may not be protected against unauthorized access while in transit.

CUSTOMER'S SIGNATURE: _____
SIGNATURE DATE _____ CUSTOMER'S SSN: _____

**COMPLETED BY THE SUBRECIPIENT CASE WORKER**

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.

LOCATION CODE
NCI-03
Northern California Indian Development Council, Inc
SUBRECIPIENT NAME
Joyce E. Jones
NAME OF CASE WORKER TO WHOM RECORDS ARE TO BE SENT
REQUESTING SUBRECIPIENT CASE WORKER SIGNATURE
( 530 ) 842 - 6157
SUBRECIPIENT CASE WORKER PHONE NUMBER
1 / 1
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 Section 1798.29.