

California Unemployment Insurance Application Form

Organization Profile

Organization Name

Physical Address

City State Zip

Contact Title

Telephone Fax

Email Website

Operations Profile

Type of Entity 501(c)3 Government Date Est. When is your fiscal year?

Description of Applicant's Operation

Current UI Funding Method Paying State Unemployment Tax State Account # FEIN
 Reimbursing (self-insured) Acct. No.

If taxpaying:

Have you paid unemployment taxes for at least two years? Yes No

Are you currently is good standing with the state? Yes No

If reimbursing:

Check current management method:
 Internal Staff Third Part Administrator Group Program

Current administrator/program (if applicable)

Employment Profile

Please attach an additional sheet of paper, as needed, to more fully answer the following questions:

Number of Full-time Employees Number of Part-time Employees Number of W-2s from Prior Years

1. Do you anticipate any loss or reduction in overall revenue within your organization that will result in layoffs and/or reduction in employees' hours or wages within the next 12 months? Yes No
 If yes, please explain and include estimated number of affected employees and date(s) of action.
2. Do you anticipate any elimination or reduction of any revenue source(s) within your organization that will result in layoffs and/or reduction in employees' hours or wages within the next 12 months? Yes No
 If yes, what source and provide explanation (include number of affected employees and date(s) of action).
3. Do you anticipate any restructuring within your organization that will result in layoffs and/or reduction in employees' hours or wages within the next 12 months? Yes No
 If yes, please explain and include estimated number of affected employees and date(s) of action.
4. Have you experienced any layoffs/staff reductions, other than regular seasonal during the last 12 months? Yes No
 If yes, please explain. Include number of affected employees and the dates on which layoffs or staff reductions took place.
5. Do you anticipate an increase in the hiring of employees who will be affected by seasonal layoffs during the next 12 months? Yes No
 If yes, please explain. Include number of employees and date(s) of action.

Employment Profile *cont'd*

6. Are you currently or have you, in the past 12 months, had employees whose wages are exempt from unemployment? Yes No

If yes, please explain. Include number of employees and their term of employment.

7. How many of your employees are seasonal and when is their seasonal term?
8. How many of your employees are employed in a Head Start program and when is their term of employment?

9. Please provide an approximate figure for:

Year	Gross Annual Wages	UI Benefit Charges (claims paid)	UI Tax Rate (if applicable)	Annual Budget
2013				
2014				
2015				
2016 (estimate)				

10. Approximately how many claims do you have annually?
11. Approximately how many of those claims are protested?
12. **All employers:** Please submit copies of your four most recent quarterly wage filing (DE-9C) summary pages.
- A. **Tax paying employers:** Please submit copies of the following along with this application:
- Four most recent unemployment benefit charge notice forms (DE-428T)
 - Three most recent unemployment tax rate notices (DE-2088)
- B. **Reimbursing employers:** Please submit copies of your 12 most recent benefit charge notice forms (DE-428T)

Funding Profile

1. What percentage of your annual payroll is attributable to the following funding sources:
2. Are there any upcoming funding issues, not previously mentioned on this application, specific to your organization or your sector that might affect your employment levels?

Federal	Fundraising or Operations
State	Grants/Other (Please specify.)
City/County	

Signature

The information provided on this application form has been confirmed by all necessary parties within this organization to be true, accurate and complete to the best of our knowledge. We acknowledge that any misrepresentation will result in immediate cancellation of any service or coverage pursuant to the terms of this product for which this application is submitted.

Signature *(No electronic signatures, please.)*

Date

Name

Title