

## AUTHORIZATION FOR TEXT MESSAGING

By signing this form I, \_\_\_\_\_, authorize Stanislaus County Workforce

(Print Name)

Development (SCWD) to send text messages to my cell phone. This authorization may be revoked in writing at anytime by myself or SCWD. SCWD is not responsible for any monetary charges incurred for these messages. In the event my contact/cell phone number changes I will inform SCWD.

Name: \_\_\_\_\_ Last 4 of Social Security #: \_\_\_\_\_

(Please Print)

Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

Alt. Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

This authorization form will remain in effect until revoked in writing by me or SCWD.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Privacy Disclaimer: Text messaging is provided as a service to clients. Your information will not be shared or distributed in any way.



Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

## ENROLLMENT QUESTIONNAIRE

**I am willing to work (check all that apply)**

- Full Time     Part Time  
 Weekends     Holidays

**Shifts (check all that apply)**

- Days     Swing  
 Graveyard     Rotating

**I am willing to work in the following areas:  
 (check all that apply)**

- All Areas     Keyes     Riverbank  
 Ceres     Knights Ferry     Salida  
 Crows Landing     La Grange     Turlock  
 Denair     Modesto     Valley Home  
 Empire     Newman     Waterford  
 Hickman     Oakdale     Westley  
 Hughson     Patterson

**Minimum hourly starting wage I'm willing to accept: \$**

**My Educational Level:**

- Less than High School  
 High School graduate or GED  
 AA/ AS Degree \_\_\_\_\_  
 BA/BS Degree \_\_\_\_\_  
 Postgraduate Degree \_\_\_\_\_

**My typing speed is \_\_\_\_\_ WPM**

**Check all employer recognized occupational or technical skills certificates that you have:**

- Forklift     HVAC     Nursing LVN or RN     Servsafe     Welding     Other \_\_\_\_\_

**Language:**

- English    Spanish    Other: \_\_\_\_\_  
 Read     Read     Read  
 Write     Write     Write  
 Speak     Speak     Speak

**I have a valid California Driver's License**

- Yes     No  
 Class A (Commercial)     Class B (Bus/Limo)     Class C (Standard)

**Points on my driving record:**

- 0 Points     2 Points or less     3 or more Points

**I depend on public transportation to get to work:**

- Yes     No

**Check your skill level for each of the following computer programs:**

Microsoft Word

- No experience     Proficient  
 Some experience     Advanced

Microsoft Excel

- No experience     Proficient  
 Some experience     Advanced

QuickBooks

- No experience     Proficient  
 Some experience     Advanced

Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Regarding all of your employment, please select the closest category and enter the number of MONTHS you have worked.

Accounting/Finance/Bookkeeping		Advertising/Public Relations		Arts/Entertainment/Publishing	
Automotive Technician/Repair		Banking/Mortgage/Loan Processing		Beauty/Fashion/Designer	
Childcare		Clerical/Admin - except legal/medical		Construction	
Counselor/Social Worker		Customer Service Rep/Call Center - except retail		Education/Training	
Electrical		Engineering/Architecture		Farming and Related	
Food Preparation and Serving Related		Gardening/Landscaping		Graphic Design/Drafting	
Human Resources		HVAC- Installation/Repair		Information Technology- Hardware	
Information Technology- Software		Insurance Industry		Janitorial/Housekeeping	
Legal Professions		Life and Physical Sciences		Maintenance/Installation/Repair	
Management/Supervision		Manufacturing/Production		Manufacturing/Technical	
Medical - Nursing		Medical - Office		Medical - Support	
Non-Profit/Community Development		Public Safety		Real Estate	
Retail - Cashier		Retail - Other		Sales	
Truck Driving/Transportation		Warehouse/Shipping/Receiving - Material Handling		Welding	

- |                            |                              |                              |                              |
|----------------------------|------------------------------|------------------------------|------------------------------|
| <b>1 Year = 12 months</b>  | <b>6 Years = 72 months</b>   | <b>11 Years = 132 Months</b> | <b>16 Years = 192 months</b> |
| <b>2 Years = 24 months</b> | <b>7 Years = 84 months</b>   | <b>12 Years = 144 Months</b> | <b>17 Years = 204 months</b> |
| <b>3 Years = 36 months</b> | <b>8 Years = 96 months</b>   | <b>13 Years = 156 months</b> | <b>18 Years = 216 months</b> |
| <b>4 Years = 48 months</b> | <b>9 Years = 108 months</b>  | <b>14 Years = 168 months</b> | <b>19 Years = 228 months</b> |
| <b>5 Years = 60 months</b> | <b>10 Years = 120 months</b> | <b>15 Years = 180 months</b> | <b>20 Years = 240 months</b> |







## REQUEST FOR VERIFICATION OF EMPLOYMENT AND WAGES

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RETURN TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE: \_\_\_\_\_

I authorize the Stanislaus County Workforce Development to verify employment and wage information. **Warning: This document contains confidential personal information. Please handle accordingly.**

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

Last 4 of SSN: \_\_\_\_\_

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**EMPLOYER PLEASE COMPLETE SECTION BELOW:**

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Employment Start Date: \_\_\_\_\_ Wage Rate: \_\_\_\_\_ Per \_\_\_\_\_

Employment End Date: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Position Title: \_\_\_\_\_ Company Name: \_\_\_\_\_

Position covered by UI?  YES  NO

Receiving fringe benefits?  YES  NO

Current Address of Employee: \_\_\_\_\_

Current Phone Number of Employee: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Employer

\_\_\_\_\_  
 Employer's Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Employer's Address

\_\_\_\_\_  
 Employer's Phone Number





**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:**

U.S. Mail –(With original consent form to EDD.)

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**

\_\_\_\_\_

\_\_\_\_\_

SUBRECIPIENT NAME

\_\_\_\_\_

NAME OF CASE WORKER TO WHOM RECORDS ARE TO BE SENT

\_\_\_\_\_

REQUESTING SUBRECIPIENT CASE WORKER SIGNATURE

(    )    -    /    /

SUBRECIPIENT CASE WORKER PHONE NUMBER      SIGNATURE DATE

**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.

**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)



