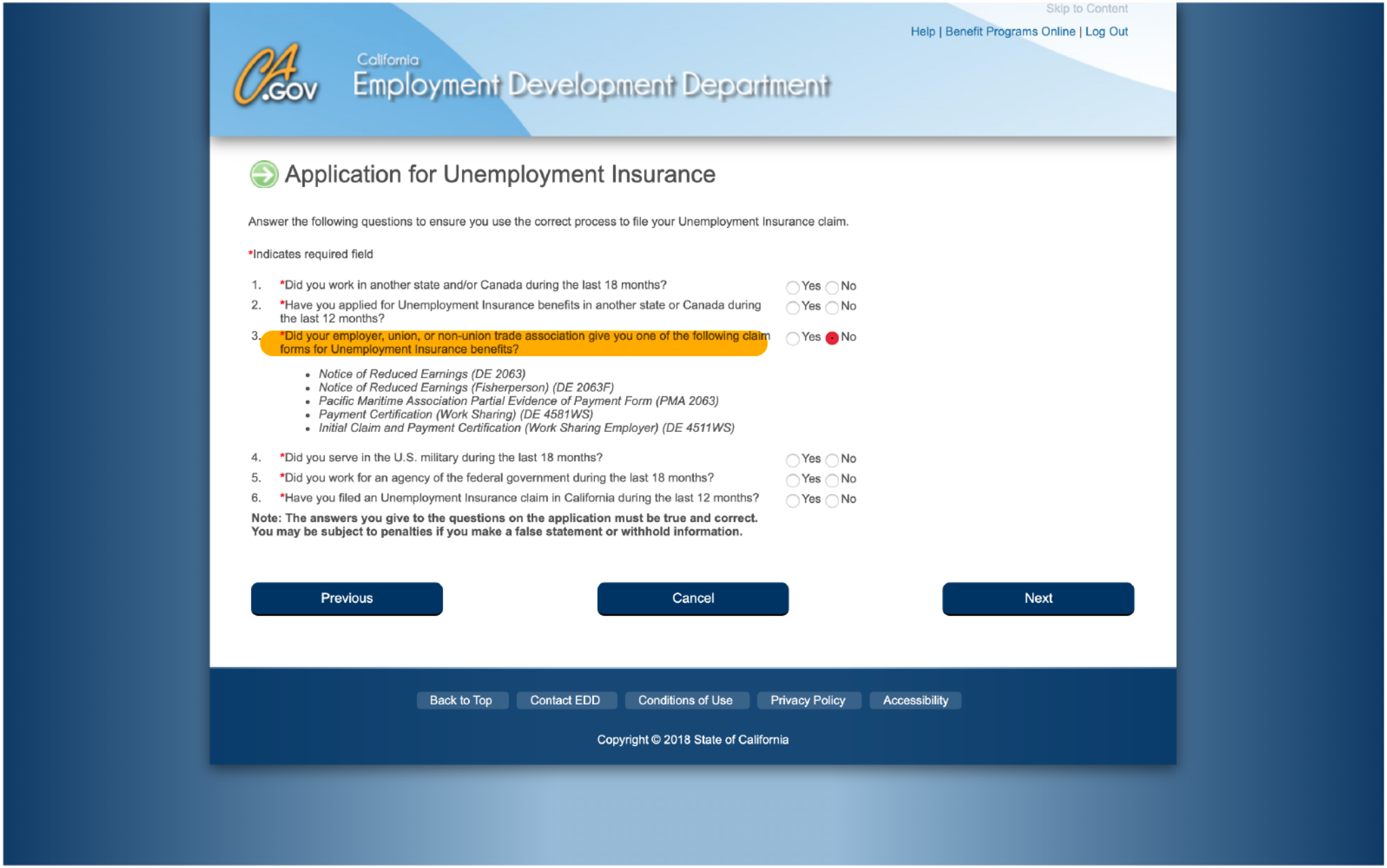
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Application for Unemployment Insurance
Answer the following questions to ensure you use the correct process to file your Unemployment Insurance claim.
*Indicates required field
1. *Did you work in another state and/or Canada during the last 18 months? Yes No
2. *Have you applied for Unemployment Insurance benefits in another state or Canada during the last 12 months? Yes No
3. *Did your employer, union, or non-union trade association give you one of the following claim forms for Unemployment Insurance benefits? Yes No
Notice of Reduced Earnings (DE 2063)
Notice of Reduced Earnings (Fisherperson) (DE 2063F)
Pacific Maritime Association Partial Evidence of Payment Form (PMA 2063)
Payment Certification (Work Sharing) (DE 4581WS)
Initial Claim and Payment Certification (Work Sharing Employer) (DE 4511WS)
4. *Did you serve in the U.S. military during the last 18 months? Yes No
5. *Did you work for an agency of the federal government during the last 18 months? Yes No
6. *Have you filed an Unemployment Insurance claim in California during the last 12 months? Yes No
Note: The answers you give to the questions on the application must be true and correct. You may be subject to penalties if you make a false statement or withhold information.
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Last Employer Name

The EDD considers your last employer to be the very last employer you performed work for regardless if it was a full-time, part-time, or a temporary employer.

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 refer to your check stub(s) or W-2(s) to obtain the name of your last employer.

List of Employers

Our records indicate you worked for the employer(s) listed below within the last 18 months. Select your last employer from the list below.

If your last employer is not listed on the page(s) provided, select Last Employer Not Listed.

If there are multiple pages select the numbers below to view additional employers.

Employer Legal Name	Doing Business As (DBA)
(•) KNIGHTED VENTURES LLC	
( ) Last Employer Not Listed	

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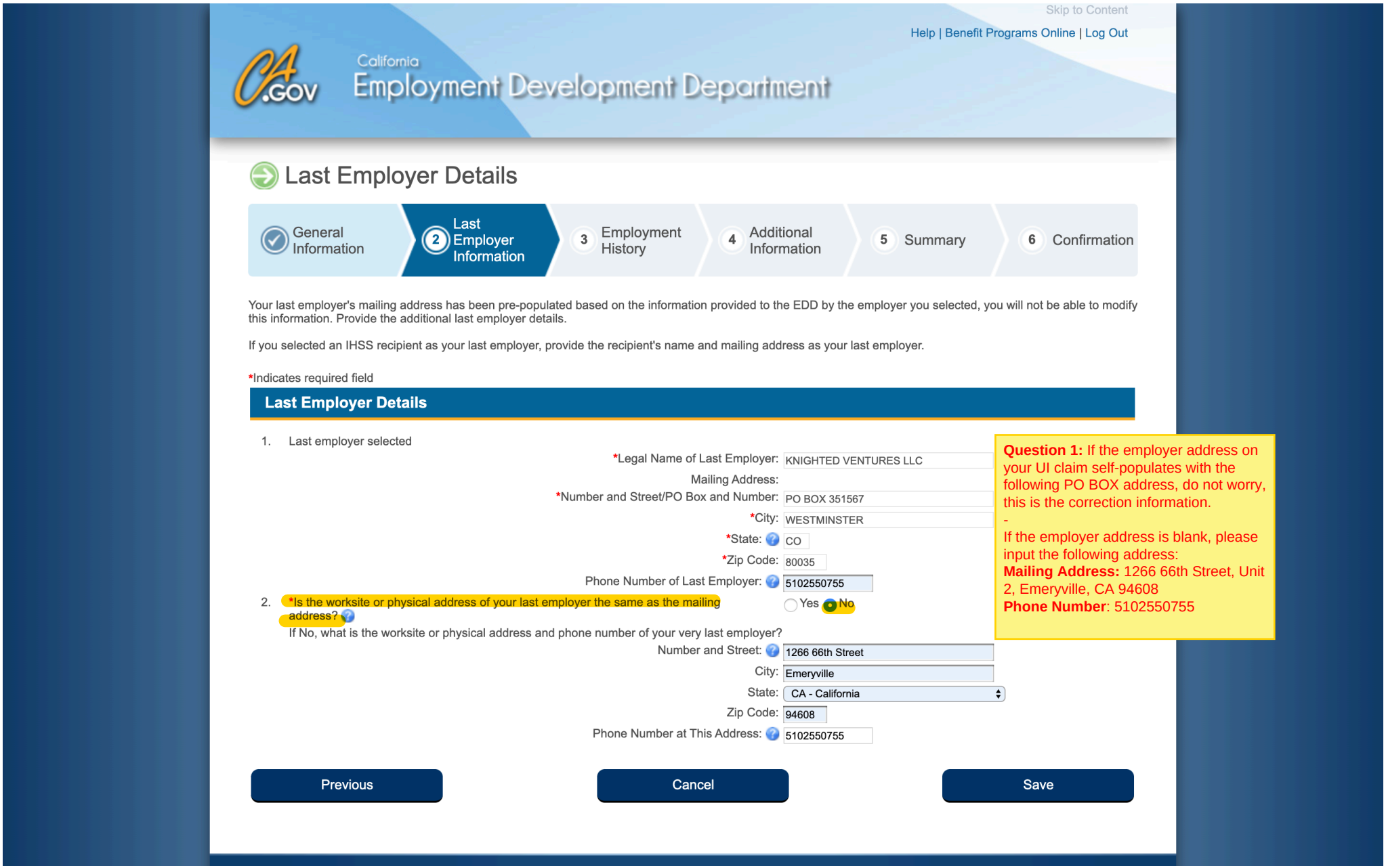
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Employment Development Department
Last Employer Details
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Your last employer's mailing address has been pre-populated based on the information provided to the EDD by the employer you selected, you will not be able to modify this information. Provide the additional last employer details.
If you selected an IHSS recipient as your last employer, provide the recipient's name and mailing address as your last employer.
*Indicates required field
Last Employer Details
1. Last employer selected
*Legal Name of Last Employer: KNIGHTED VENTURES LLC
Mailing Address:
*Number and Street/PO Box and Number: PO BOX 351567
*City: WESTMINSTER
*State: CO
*Zip Code: 80035
Phone Number of Last Employer: 5102550755
2. *Is the worksite or physical address of your last employer the same as the mailing address? Yes No
If No, what is the worksite or physical address and phone number of your very last employer?
Number and Street: 1266 66th Street
City: Emeryville
State: CA - California
Zip Code: 94608
Phone Number at This Address: 5102550755
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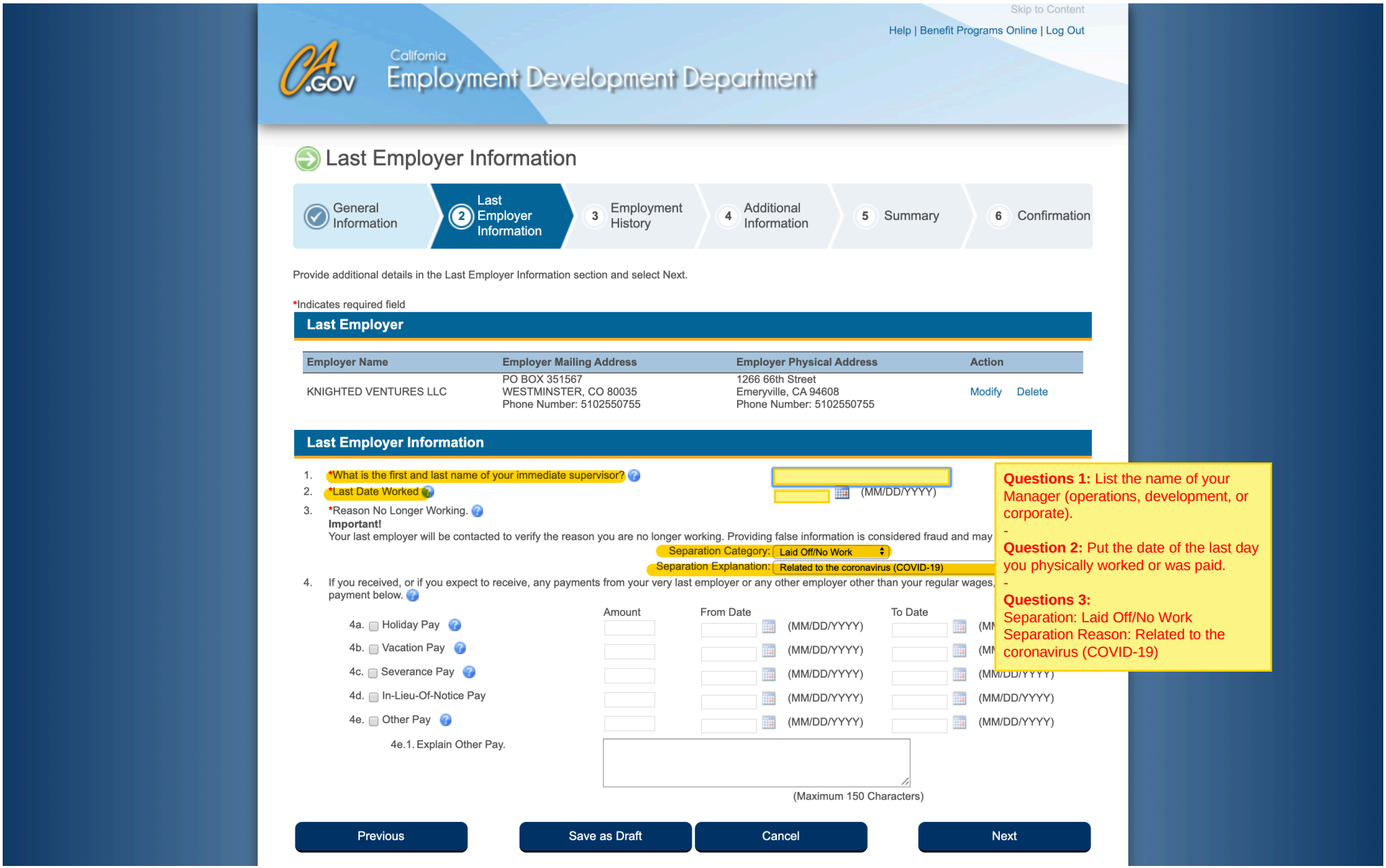
Question 1: If the employer address on your UI claim self-populates with the following PO BOX address, do not worry, this is the correction information.
-
If the employer address is blank, please input the following address:
Mailing Address: 1266 66th Street, Unit 2, Emeryville, CA 94608
Phone Number: 5102550755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Provide additional details in the Last Employer Information section and select Next.
*Indicates required field
Last Employer
Employer Name
Employer Mailing Address
Employer Physical Address
Action
KNIGHTED VENTURES LLC
PO BOX 351567
WESTMINSTER, CO 80035
Phone Number: 5102550755
1266 66th Street
Emeryville, CA 94608
Phone Number: 5102550755
Modify
Delete
Last Employer Information
1. *What is the first and last name of your immediate supervisor?
2. *Last Date Worked
(MM/DD/YYYY)
3. *Reason No Longer Working.
Important!
Your last employer will be contacted to verify the reason you are no longer working. Providing false information is considered fraud and may
Separation Category: Laid Off/No Work
Separation Explanation: Related to the coronavirus (COVID-19)
4. If you received, or if you expect to receive, any payments from your very last employer or any other employer other than your regular wages,
payment below.
Amount
From Date
To Date
4a. Holiday Pay
4b. Vacation Pay
4c. Severance Pay
4d. In-Lieu-Of-Notice Pay
4e. Other Pay
(MM/DD/YYYY)
4e.1. Explain Other Pay.
(Maximum 150 Characters)
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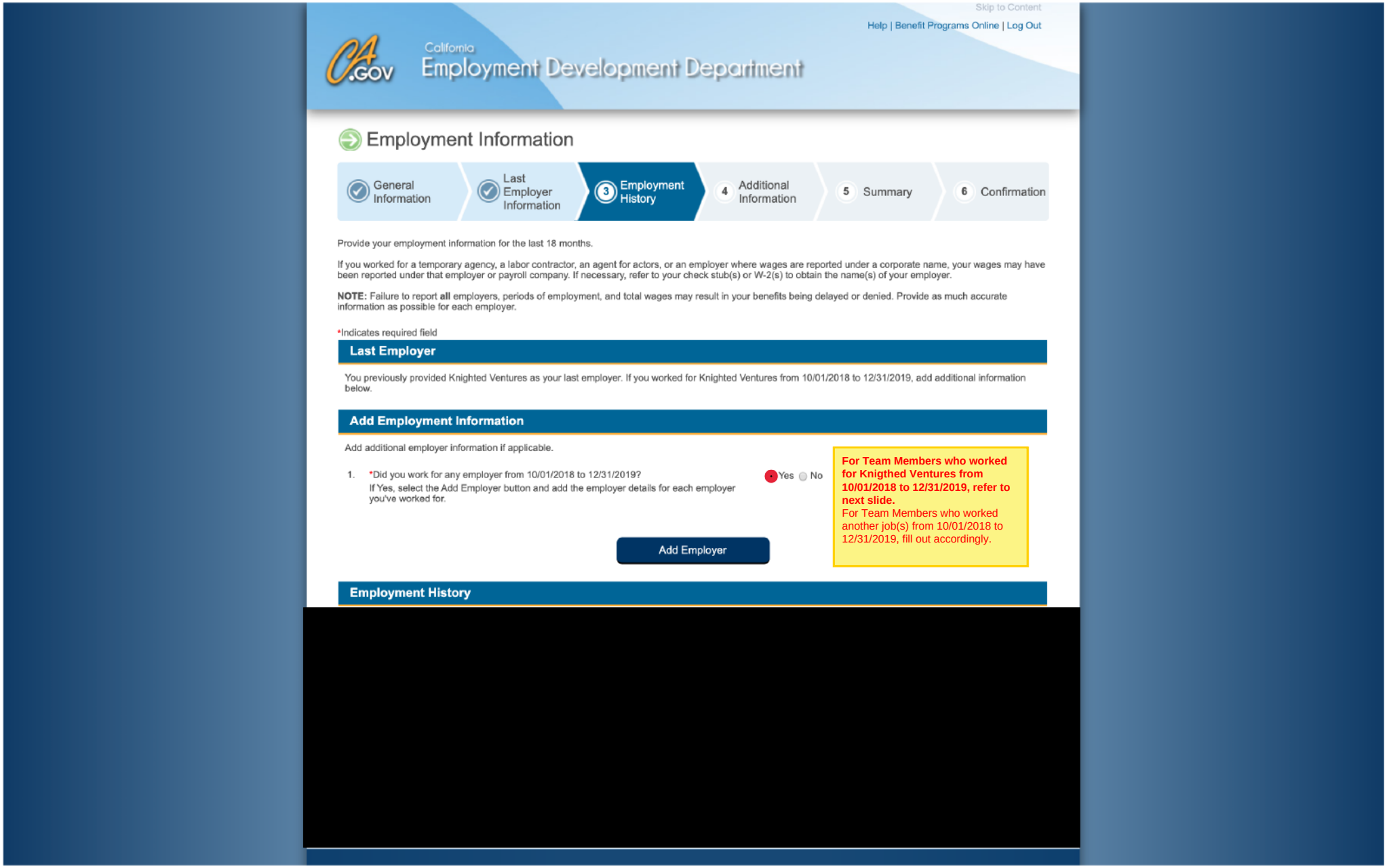
Questions 1: List the name of your Manager (operations, development, or corporate).
-
Question 2: Put the date of the last day you physically worked or was paid.
-
Questions 3:
Separation: Laid Off/No Work
Separation Reason: Related to the coronavirus (COVID-19)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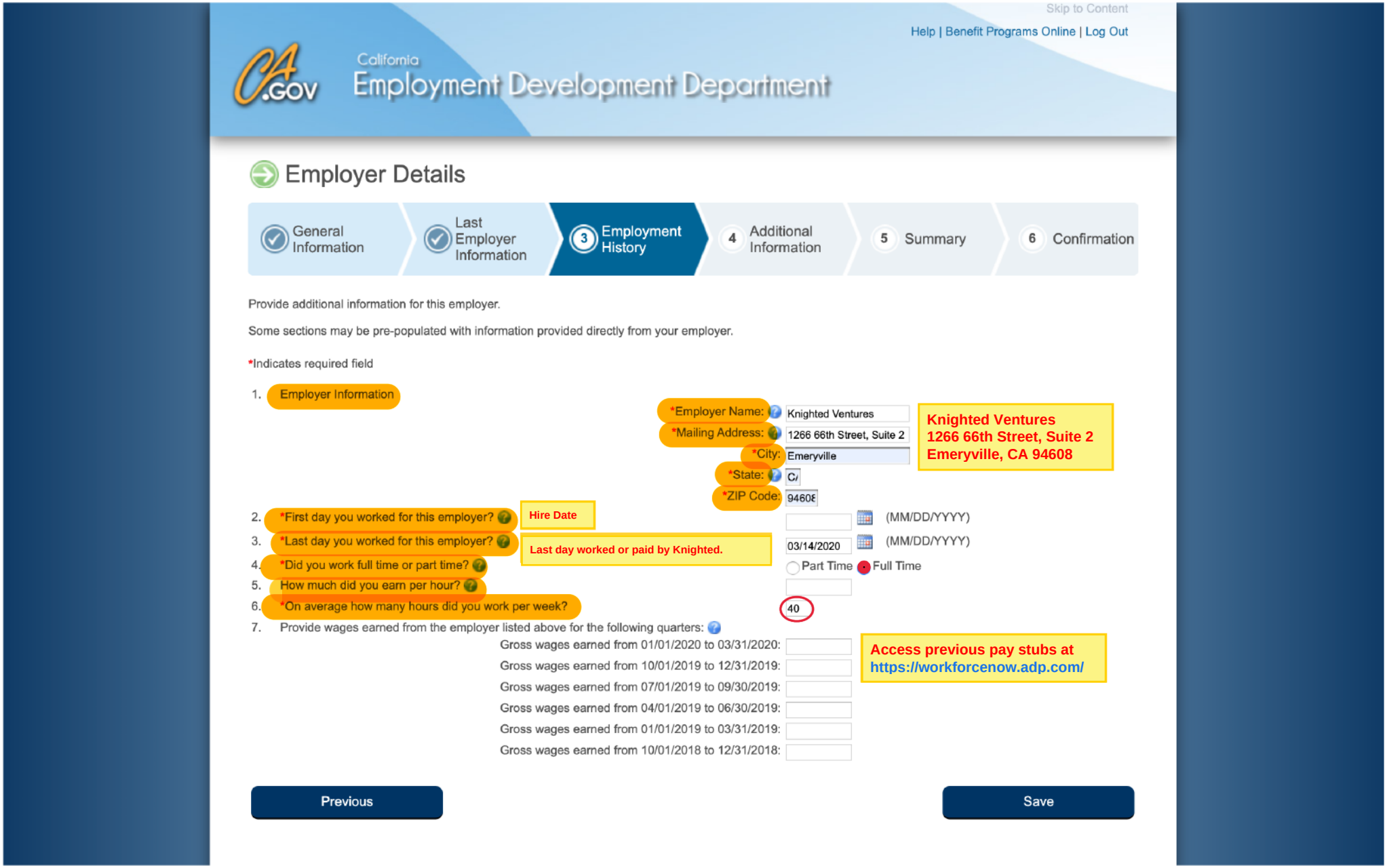
Provide your employment information for the last 18 months.
If you worked for a temporary agency, a labor contractor, an agent for actors, or an employer where wages are reported under a corporate name, your wages may have been reported under that employer or payroll company. If necessary, refer to your check stub(s) or W-2(s) to obtain the name(s) of your employer.
NOTE: Failure to report all employers, periods of employment, and total wages may result in your benefits being delayed or denied. Provide as much accurate information as possible for each employer.
*Indicates required field
Last Employer
You previously provided Knighted Ventures as your last employer. If you worked for Knighted Ventures from 10/01/2018 to 12/31/2019, add additional information below.
Add Employment Information
Add additional employer information if applicable.
1. *Did you work for any employer from 10/01/2018 to 12/31/2019?
If Yes, select the Add Employer button and add the employer details for each employer you've worked for.
Yes No
Add Employer
For Team Members who worked for Knigthed Ventures from 10/01/2018 to 12/31/2019, refer to next slide.
For Team Members who worked another job(s) from 10/01/2018 to 12/31/2019, fill out accordingly.
Employment History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Provide additional information for this employer.
Some sections may be pre-populated with information provided directly from your employer.
*Indicates required field
1. Employer Information
*Employer Name: Knighted Ventures
*Mailing Address: 1266 66th Street, Suite 2
*City: Emeryville
*State: CA
*ZIP Code: 94608
Knighted Ventures
1266 66th Street, Suite 2
Emeryville, CA 94608
2. *First day you worked for this employer?
Hire Date
(MM/DD/YYYY)
3. *Last day you worked for this employer?
Last day worked or paid by Knighted.
03/14/2020
(MM/DD/YYYY)
4. *Did you work full time or part time?
Part Time
Full Time
5. How much did you earn per hour?
6. *On average how many hours did you work per week?
40
7. Provide wages earned from the employer listed above for the following quarters:
Gross wages earned from 01/01/2020 to 03/31/2020:
Gross wages earned from 10/01/2019 to 12/31/2019:
Gross wages earned from 07/01/2019 to 09/30/2019:
Gross wages earned from 04/01/2019 to 06/30/2019:
Gross wages earned from 01/01/2019 to 03/31/2019:
Gross wages earned from 10/01/2018 to 12/31/2018:
Access previous pay stubs at
https://workforcenow.adp.com/
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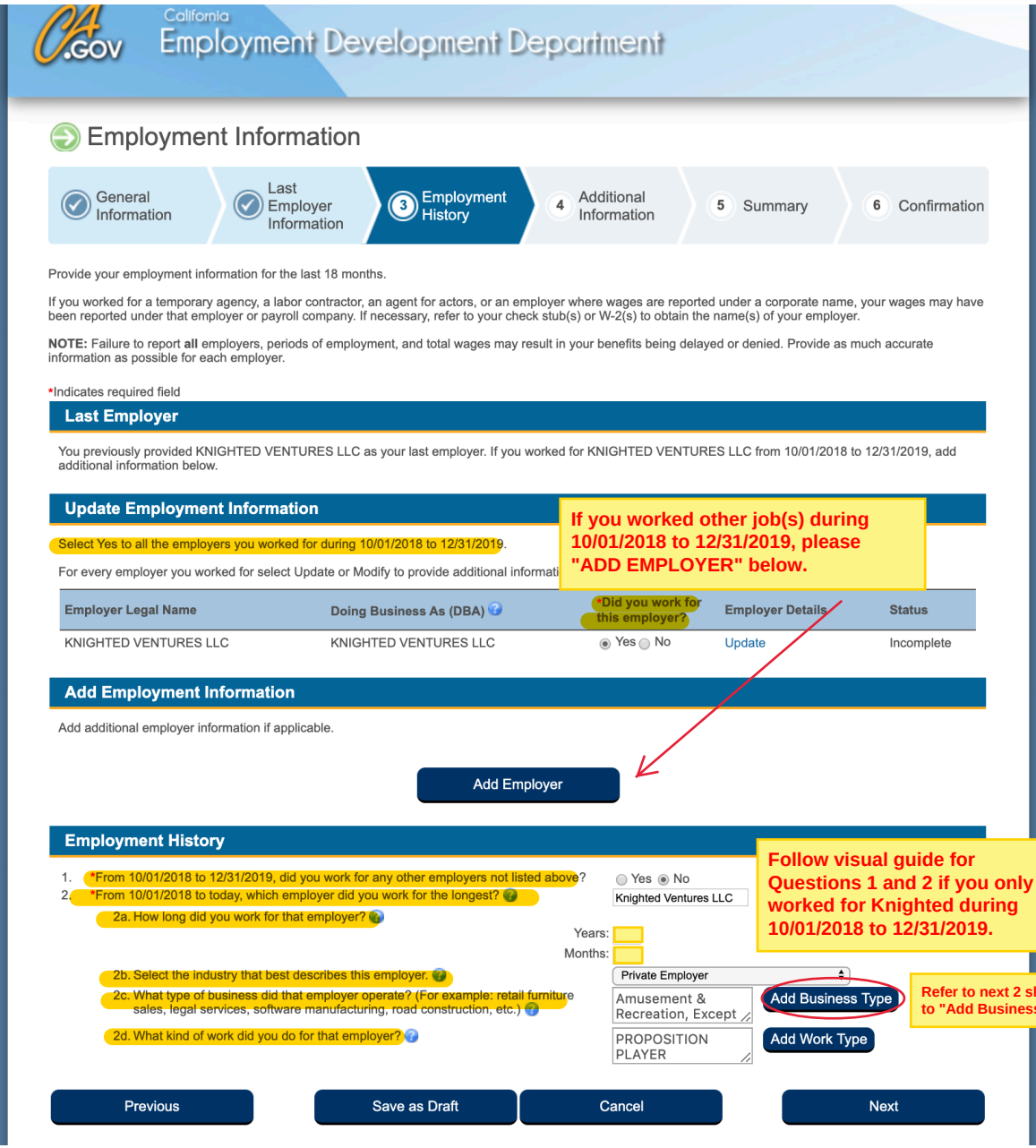
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Provide your employment information for the last 18 months.
If you worked for a temporary agency, a labor contractor, an agent for actors, or an employer where wages are reported under a corporate name, your wages may have been reported under that employer or payroll company. If necessary, refer to your check stub(s) or W-2(s) to obtain the name(s) of your employer.
NOTE: Failure to report all employers, periods of employment, and total wages may result in your benefits being delayed or denied. Provide as much accurate information as possible for each employer.
*Indicates required field
Last Employer
You previously provided KNIGHTED VENTURES LLC as your last employer. If you worked for KNIGHTED VENTURES LLC from 10/01/2018 to 12/31/2019, add additional information below.
Update Employment Information
If you worked other job(s) during 10/01/2018 to 12/31/2019, please "ADD EMPLOYER" below.
Select Yes to all the employers you worked for during 10/01/2018 to 12/31/2019.
For every employer you worked for select Update or Modify to provide additional informati
Employer Legal Name
Doing Business As (DBA)
*Did you work for this employer?
Employer Details
Status
KNIGHTED VENTURES LLC
KNIGHTED VENTURES LLC
Yes No
Update
Incomplete
Add Employment Information
Add additional employer information if applicable.
Add Employer
Employment History
Follow visual guide for Questions 1 and 2 if you only worked for Knighted during 10/01/2018 to 12/31/2019.
1. *From 10/01/2018 to 12/31/2019, did you work for any other employers not listed above? Yes No
2. *From 10/01/2018 to today, which employer did you work for the longest? Knighted Ventures LLC
2a. How long did you work for that employer?
Years:
Months:
2b. Select the industry that best describes this employer. Private Employer
2c. What type of business did that employer operate? (For example: retail furniture sales, legal services, software manufacturing, road construction, etc.) Amusement & Recreation, Except
Add Business Type
Refer to next 2 slides on how to "Add Business Type."
2d. What kind of work did you do for that employer? PROPOSITION PLAYER
Add Work Type
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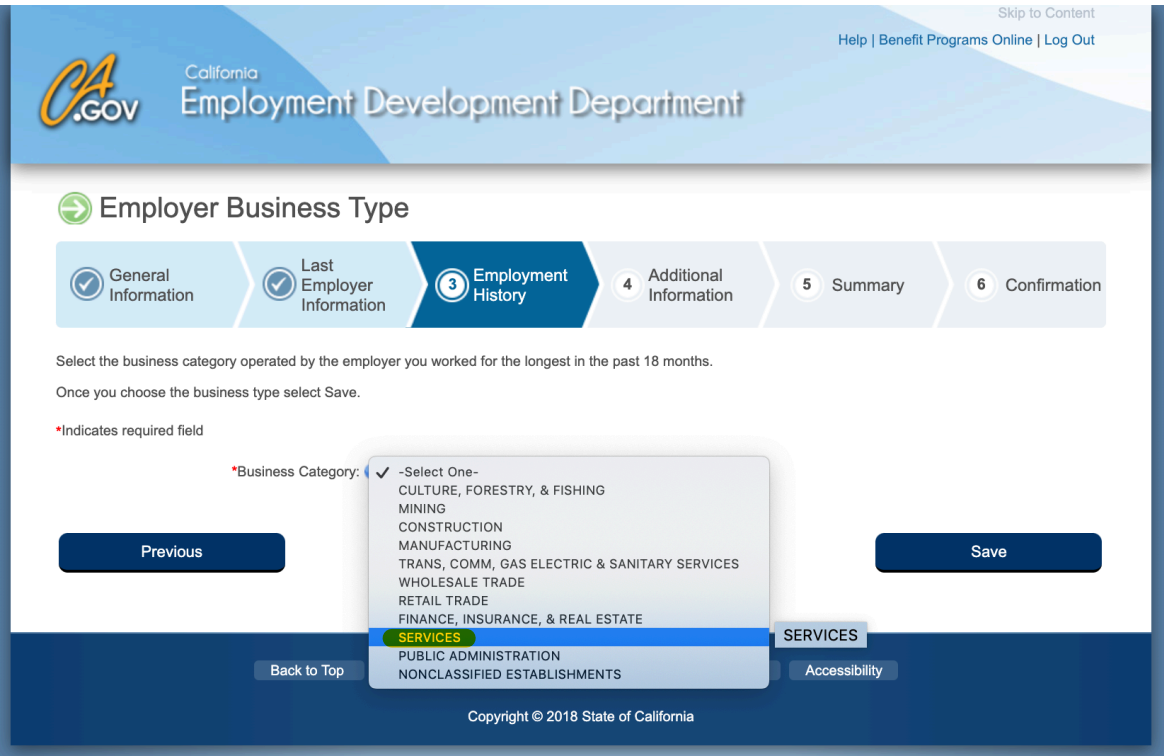
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Select the business category operated by the employer you worked for the longest in the past 18 months.
Once you choose the business type select Save.
*Indicates required field
*Business Category:
-Select One-
CULTURE, FORESTRY, & FISHING
MINING
CONSTRUCTION
MANUFACTURING
TRANS, COMM, GAS ELECTRIC & SANITARY SERVICES
WHOLESALE TRADE
RETAIL TRADE
FINANCE, INSURANCE, & REAL ESTATE
SERVICES
PUBLIC ADMINISTRATION
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Employer Business Type

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Select the business category operated by the employer you worked for the longest in the past 18 months.

Once you choose the business type select Save.

*Indicates required field

*Business Category: SERVICES

Category Results

Select	Business Type
◉	Amusement & Recreation, Except Motion Pictures
○	Automotive Repair & Parking
○	Business
○	Education
○	Engineering, Accounting, Research, Management & Related Services.
○	Health
○	Hotels, Rooming Houses, Camps & Other Lodging Places
○	Legal
○	Membership Organization
○	Misc.Repair
○	Motion Pictures
○	Museums, Art Galleries, Botanical & Zoological Gardens
○	Personal Services Laundry & Cleaning, Beauty & Barber Shops, Etc.
○	Private Households
○	Services Not Elsewhere Classified
○	Social services

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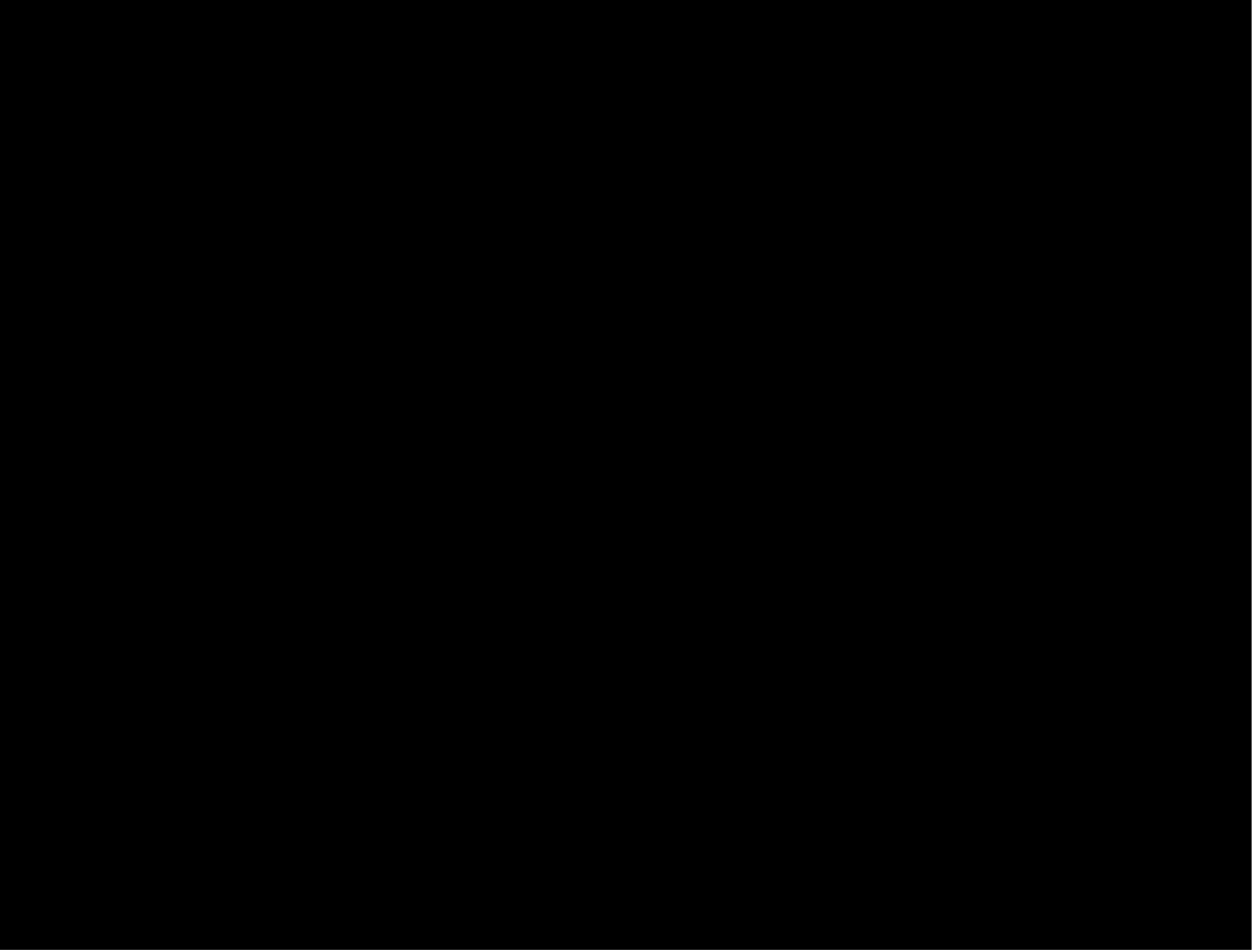

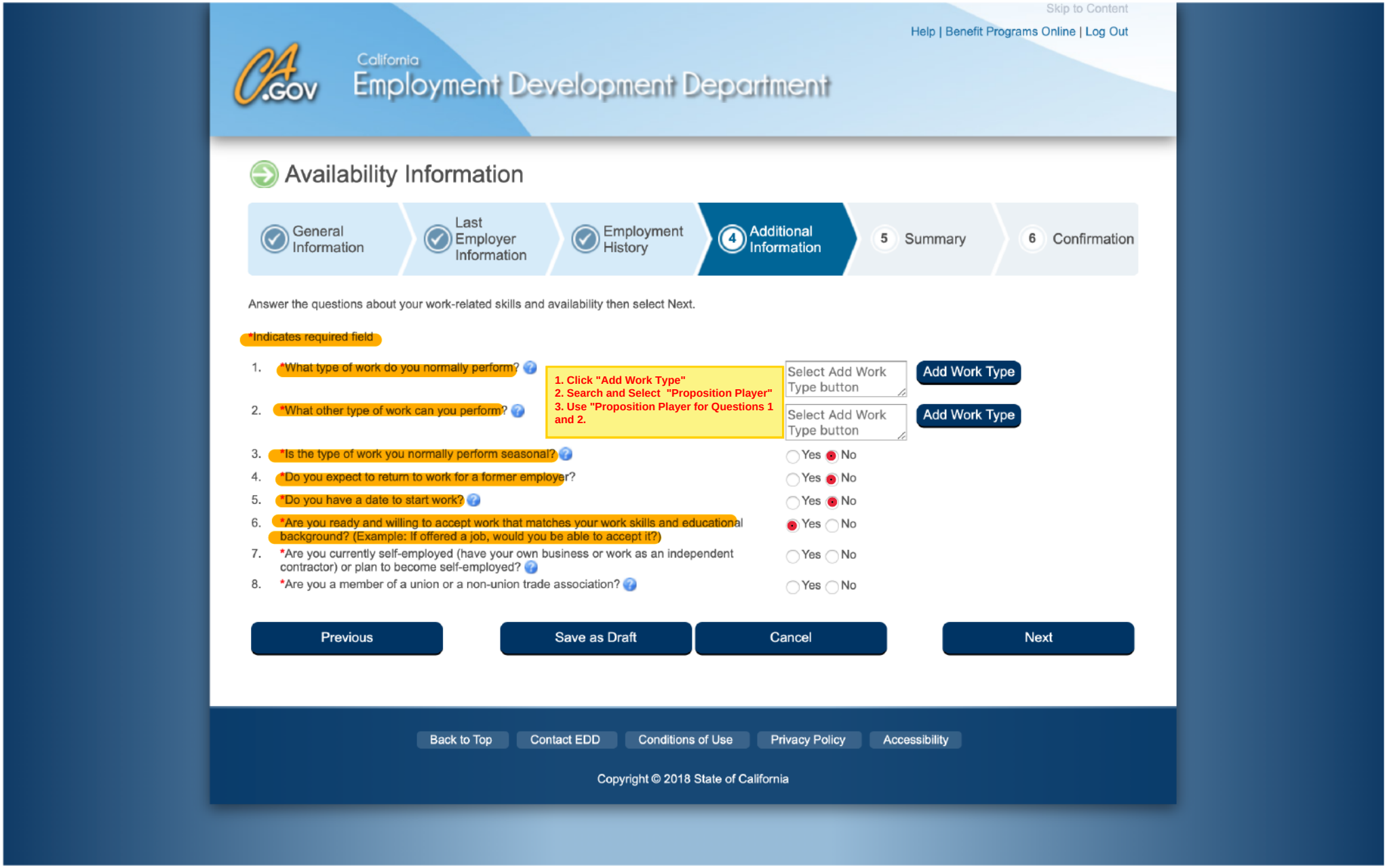
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Answer the questions about your work-related skills and availability then select Next.
*Indicates required field
1. *What type of work do you normally perform?
2. *What other type of work can you perform?
1. Click "Add Work Type"
2. Search and Select "Proposition Player"
3. Use "Proposition Player for Questions 1 and 2.
Select Add Work Type button
Add Work Type
Select Add Work Type button
Add Work Type
3. *Is the type of work you normally perform seasonal? Yes No
4. *Do you expect to return to work for a former employer? Yes No
5. *Do you have a date to start work? Yes No
6. *Are you ready and willing to accept work that matches your work skills and educational background? (Example: If offered a job, would you be able to accept it?) Yes No
7. *Are you currently self-employed (have your own business or work as an independent contractor) or plan to become self-employed? Yes No
8. *Are you a member of a union or a non-union trade association? Yes No
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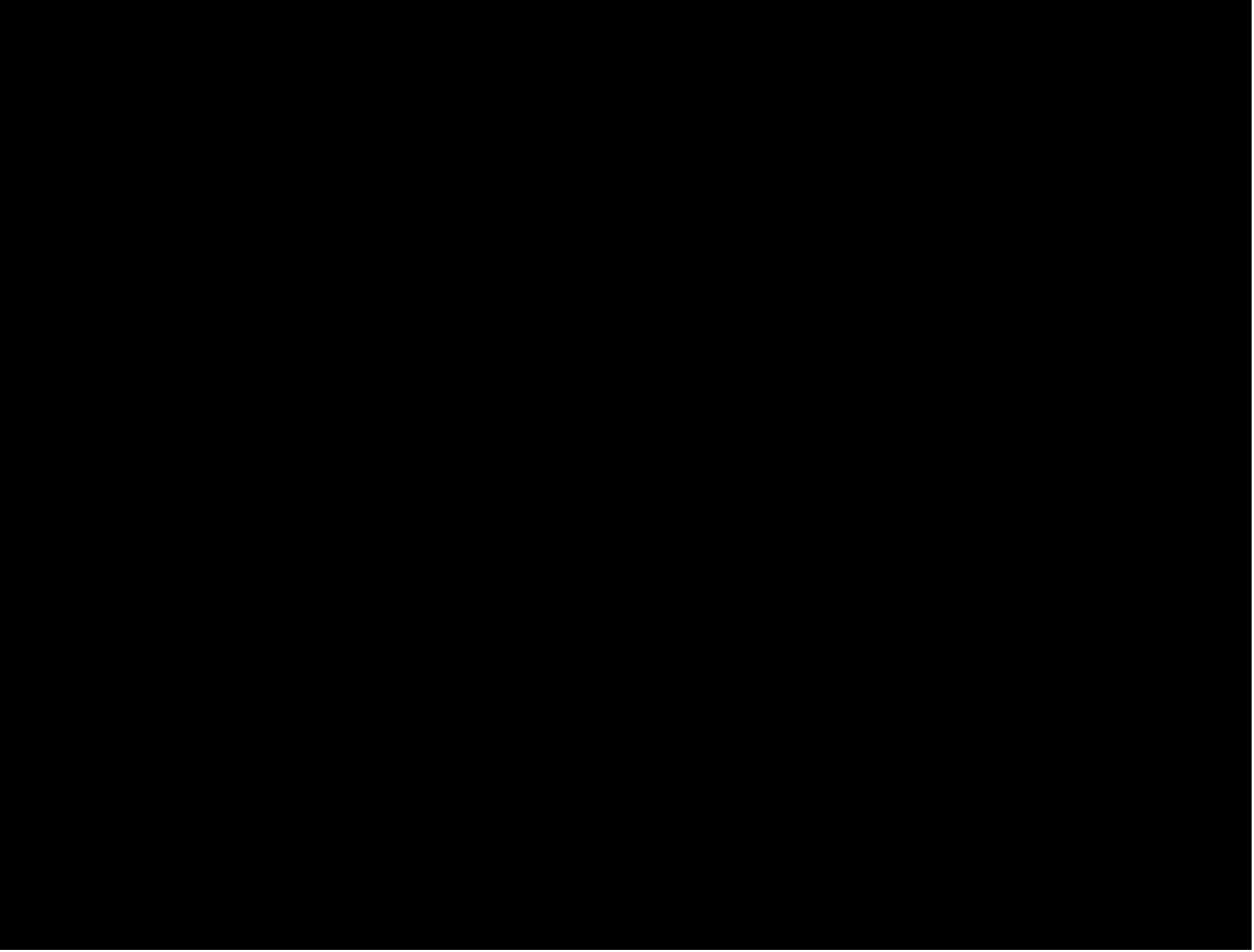

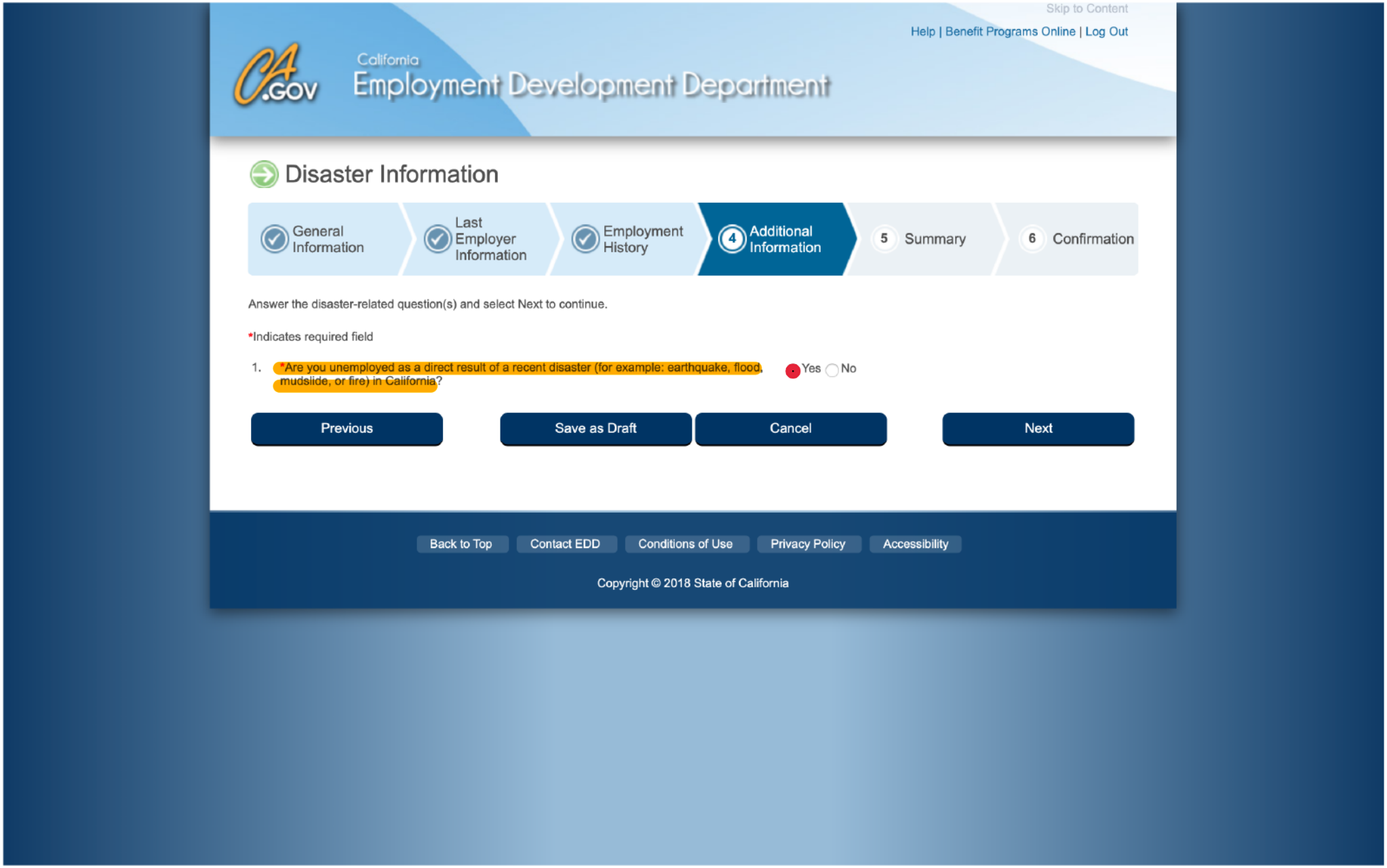
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Answer the disaster-related question(s) and select Next to continue.
*Indicates required field
1. *Are you unemployed as a direct result of a recent disaster (for example: earthquake, flood, mudslide, or fire) in California?
Yes
No
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Answer the disaster-related question(s) and select Next to continue.
*Indicates required field
1. *Are you unemployed as a direct result of a recent disaster (for example: earthquake, flood, mudslide, or fire) in California? Yes No
1a. Select the type of disaster. Public Health
1b. At the time of the disaster, in which county did you reside? Los Angeles County
1c. At the time of the disaster, in which county did you work? -Select One-
1d. At the time of the disaster, was your unemployment caused by your need to travel through a disaster county? Yes No
1e. Select the option that best applies to you. Unemployed Worker
1e.1. How many hours did you work per week prior to the disaster?
1e.2. Explain briefly how the disaster affected your ability to continue or begin your self-employment.
(Maximum 150 Characters)
1e.3. What is the physical address of your business?
Number and Street:
City:
State: -Select One-
ZIP Code:
1b. Select the county you live in.
-
1c. Select the count of the casino you work at.
-
Garlic City: Santa Clara County
Casino 580 & Palace: Alameda County
Napa: Napa County
Sonoma: Sonoma County
-
Empire: Stanislaus County
Cordova & Lotus: Sacramento County
Lodi: San Joaquin County
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