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| **WIOA Title I Dislocated Worker Self-Attestation Form** | | | | | | | | | | | | |
| **Applicant Information:** | | | | | | | | | | | | |
| **Last Name:** | | | **First Name:** | | | | | | **Middle Initial:** | | | |
|  | | |  | | | | | |  | | | |
| **Address:** | | | **City:** | | | | **State:** | | **Zip:** | | | |
|  | | |  | | | |  | |  | | | |
| **Individuals applying for WIOA Dislocated Worker services may self-attest to the information below:** | | | | | | | | | | | | |
|  | Have you been terminated or laid off or have you received a notice of termination or layoff? | | | | | | | Yes | |  | No |  |
|  | Are you eligible for or have you exhausted unemployment compensation since termination or layoff? | | | | | | | Yes | |  | No |  |
|  | Are you **not** eligible for unemployment compensation since termination or layoff due to insufficient earnings or having performed services for an employer that were not covered under a state unemployment compensation law? | | | | | | | Yes | |  | No |  |
|  | Are you unlikely to return to your previous industry or occupation due to one or more of the following reasons (check all that apply)? | | | | | | | Yes | |  | No |  |
| Lack required education or skills  Lack required experience  Disability  Unemployed for 27+ weeks  (excluding temp work lasting 6 months or less) | | | | | | |
|  | Are you a military service member who was discharged or released from service (under conditions other than dishonorable) or has received a notice of military separation? | | | | | | | Yes | |  | No |  |
|  | Were you unable to continue employment due to your spouse’s permanent change of military station, or did you lose employment as a result of your spouse’s discharge from the military? | | | | | | | Yes | |  | No |  |
| 1. **3** | Were you self-employed, but are unemployed as a result of general economic conditions in the community in which you reside? | | | | | | | Yes | |  | No |  |
| 1. **4** | Are you a displaced homemaker – an individual who was dependent on the income of another family member but is no longer supported by that income? | | | | | | | Yes | |  | No |  |
|  | | **Dislocation Information** | | **Current Employment Information (If applicable)** | | | | | | | | |
| **Date** | | Separation Date: | | Start Date: | | | | | | | | |
| **Job Title** | |  | |  | | | | | | | | |
| **Business Name** | |  | |  | | | | | | | | |
| **Address** | |  | |  | | | | | | | | |
| **City, State, Zip** | |  | |  | | | | | | | | |
| **Applicant Certification:** | | | | | | | | | | | | |
| *I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from any WIOA program and/or penalties as specified by law.* | | | | | | | | | | | | |
| **SIGNATURE OF APPLICANT**  **X** | | | | | **DATE** | | | | | | | |
| **Staff Verification Statement:** | | | | | | | | | | | | |
| *I certify that the individual whose signature appears above provided the information recorded on this form.* | | | | | | | | | | | | |
| **SIGNATURE OF STAFF**  **X** | | | | | | **DATE** | | | | | | |

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