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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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