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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** | | | | | | |

In partnership with the Spokane Area Workforce Development Council, WorkSource is an equal opportunity partnership of organizations that provide employment and training services. Auxiliary aids and services are available upon request to persons with disabilities. Washington Relay Service 711