

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:

1. Are you legally entitled to employment within the U.S. and territories?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you been terminated or laid off, have you received a notice of termination or layoff, or are you the spouse of a member of the Armed Forces and have lost employment as a result of your spouse's discharge from the military?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are you eligible for or have you exhausted unemployment compensation since separating from employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. 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 <input type="checkbox"/> No <input type="checkbox"/>
5. 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 <input type="checkbox"/> No <input type="checkbox"/>
.....Lack required education or skills <input type="checkbox"/>Lack required experience <input type="checkbox"/>Disability <input type="checkbox"/>	
6. Have you been terminated, laid off, or have you received a notice of layoff, from employment at a plant, facility, or enterprise as a result of a permanent business closure or the substantial layoff of multiple employees within a 6 month period (check the appropriate option below)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
.....Permanent business closure <input type="checkbox"/>Substantial layoff – 5 or more employees <input type="checkbox"/>Substantial layoff – 10%+ of total employees <input type="checkbox"/>	
7. 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 <input type="checkbox"/> No <input type="checkbox"/>
8. Were you self-employed, but are unemployed as a result of general economic conditions in the community in which you reside?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. 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 <input type="checkbox"/> No <input type="checkbox"/>
10. Are you the spouse of a member of the Armed Services on active duty and are now unemployed or underemployed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

	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	DATE
X	

Staff Verification Statement:

I certify that the individual whose signature appears above provided the information recorded on this form.

SIGNATURE OF STAFF	DATE
X	

The WorkSource System is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.