WIOA Title I Dislocated Worker Self-Attestation Form

Applicant Information:

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
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<thead>
<tr>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
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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  
   - No

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  
   - No

3. Are you eligible for or have you exhausted unemployment compensation since separating from employment?  
   - Yes  
   - No

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  
   - No

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)?  
   - Lack required education or skills  
   - Lack required experience  
   - Disability  
   - Yes  
   - No

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 30 day period (check the appropriate option below)?  
   - Permanent business closure  
   - Substantial layoff – 50 or more employees  
   - Substantial layoff – 25%+ of total employees  
   - Yes  
   - No

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  
   - No

8. Were you self-employed, but are unemployed as a result of general economic conditions in the community in which you reside?  
   - Yes  
   - No

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  
   - No

10. Are you the spouse of a member of the Armed Services on active duty and are now unemployed or underemployed?  
    - Yes  
    - No

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<tr>
<th>Dislocation Information</th>
<th>Current Employment Information (If applicable)</th>
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<tbody>
<tr>
<td>Date</td>
<td>Separation Date:</td>
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<tr>
<td>Job Title</td>
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<tr>
<td>Business Name</td>
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<td>Address</td>
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<tr>
<td>City, State, Zip</td>
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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 Spokane WorkSource System is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.