

# WIOA Title I Dislocated Worker Self-Attestation Form

## Applicant Information:

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>

## Individuals applying for WIOA Dislocated Worker services may self-attest to the information below:

<b>1.</b>	Are you legally entitled to employment within the U.S. and territories?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>2.</b>	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"/>
<b>3.</b>	Are you eligible for or have you exhausted unemployment compensation since separating from employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>4.</b>	Are you <b>not</b> 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"/>
<b>5.</b>	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"/> Disability <input type="checkbox"/> Lack required experience <input type="checkbox"/>		
<b>6.</b>	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)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Permanent business closure <input type="checkbox"/> Substantial layoff – 50 or more employees <input type="checkbox"/> Substantial layoff – 25%+ of total employees <input type="checkbox"/>		
<b>7.</b>	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"/>	
<b>8.</b>	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"/>	
<b>9.</b>	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"/>	
<b>10.</b>	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)
<b>Date</b>	Separation Date:	Start Date:
<b>Job Title</b>		
<b>Business Name</b>		
<b>Address</b>		
<b>City, State, Zip</b>		

## 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.*

<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>
X	

## Staff Verification Statement:

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

<b>SIGNATURE OF STAFF</b>	<b>DATE</b>
X	

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