**Dislocated Worker Affidavit**

**Dislocation Date *(Required for Category 1, 2, and 3 Dislocated Workers)***

Dislocation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MM/DD/YYYY

**Unlikely to Return *(Required for Category 1 Dislocated Workers only)***

I am unlikely to return to my previous industry or occupation because: (Check as many that apply)

[ ]  Declining demand for workers in previous field as documented by labor market information. (Support documentation required)

[ ]  Barriers such as physical limitations prevent continuation in past employment.

[ ]  Lack of skills to successfully accomplish work duties without further training.

[ ]  Previous occupation has limited job orders in the State’s Labor Exchange (Support documentation required)

[ ]  Lack of job offers to individual (Support documentation required)

[ ]  Former temporary/seasonal worker unlikely to return to temporary/seasonal occupation (Requires Contract Administrator approval)

By signing this document, I do hereby certify that the information provided is true to the best of my knowledge. I am also aware that I am subject to immediate termination from the WIOA Title I funded program if I intentionally supplied inaccurate or misleading information.

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**Program Participant Signature Date**

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**Program Staff Signature** **Date**