**Dislocated Worker Unlikely to Return Affidavit**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am unlikely to return to my previous industry

(Please print first and last name)

or occupation because:

Check as many as apply:

[ ]  No demand for workers in previous field

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

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

[ ]  Automated technologies have taken over my job functions

[ ]  The current job market in this field is very competitive

[ ]  Jobs in this industry are limited in this area so re-employment is unlikely

[ ]  Uncertain about prospects in this field because the job market is changing

[ ]  Other: **(please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

 MM/DD/YYYY

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**Program Participant Signature Date**

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 WIA Title I funded program if I intentionally supplied inaccurate or misleading information.

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| This portion is to be completed by Case Manager or Eligibility representative: |
| **Comments:** |

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