**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

**------------------------------------------ -----------**

**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**