

Nepotism Form

Last four digits of SS number	Participant Last Name, First Name
xxx-xx-	

1. Is a member of your immediate family (spouse, parent, child, sibling, in-laws (children, sibling or parent, uncle, aunt, nephew, niece, grandparent, grandchild, step-parent, step-child) an elected City or County official?

Yes

 No

If yes, what is his/her name, elected title and relationship to you?

2. Is a member of your immediate family (spouse, parent, child, sibling, in-laws (children, sibling or parent, uncle, aunt, nephew, niece, grandparent, grandchild, step-parent, step-child) an employee of a City, County or WIOA Title I funded organization?

Yes

 No

Does this family member act in an administrative capacity (exercises authority over other employees) for this organization?

Yes

 No

If yes to either question, please fill in his/her name, organization, position and relationship to you?

*****Program Staff must submit this form to their Contract Administrator at Workforce Connections if either question has an affirmative response.*****

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.

 Program Participant Signature

 Date

 Witness Signature

 Date