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| Spokane WorkSource System Registration FormSelf-Attestation – Basic WIOA Eligibility This form is to be used only when access to state MIS is unavailable, as self-attestation to these items should be done electronically whenever possible. All self-attested data collected on this form must be entered into the Washington State management information system as soon as possible. | | | | | | | | | | |
| **Applicant Information:** | | | | | | | | | | |
| **Last Name:** | | | **First Name:** | | | | | | **Middle Initial:** | |
|  | | |  | | | | | |  | |
| **Address:** | | | **City:** | | | | **State:** | | **Zip:** | |
|  | | |  | | | |  | |  | |
| **Individuals applying for basic career services through the Spokane WorkSource system may self-attest to the information below:** | | | | | | | | | | |
|  | What is your date of birth? | | | | | | |  | | |
|  | Are you legally entitled to employment within the U.S. and its territories? | | | | | | | Yes | | No |
|  | Are you an individual whose native language is a language other than English, or who lives in an environment where a language other than English is the dominant language, and who has limited ability in speaking, reading, writing, or understanding the English language? | | | | | | | Yes | | No |
|  | Are you an individual with a disability, defined as a physical or mental impairment that substantially limits one or more of a person’s major life activities? | | | | | | | Yes | | No |
| Decline to Answer | | |
|  | Are you currently enrolled in or attending school? | | | | | | | Yes | | No |
|  | **5a.** If yes, what kind of school are you attending? | | | | | | |  | | |
|  | Did you serve in the active U.S. military, naval, or air service, including as a member of the U.S. reserves under an order to active duty? | | | | | | | Yes | | No |
| Decline to Answer | | |
|  | **7a.** Did you serve on active duty for more than 180 days? | | | | | | | Yes | | No |
| **7b.** Were you discharged or released because of a service-connected disability? | | | | | | | Yes | | No |
| Decline to Answer | | |
| **7c.** Did you receive a dishonorable discharge? | | | | | | | Yes | | No |
| Decline to Answer | | |
|  | Are you the spouse of:   * A person who died on active duty or of a service-connected disability; * A person on active duty classified as missing in action, captured in the line of duty by a hostile force, or forcibly detained or interned in the line of duty by a foreign government or power; or * A person who has a permanent, total disability resulting from a service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence? | | | | | | | Yes | | No |
| Decline to Answer | | |
|  | If you are currently unemployed, have you been unemployed, consecutively, for 6 months (180 days) or more? | | | | | | | Yes | | No |
|  | 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 | | No |
|  | 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 | | No |
|  | Are you the spouse of a member of the Armed Services on active duty and are now unemployed or underemployed? | | | | | | | Yes | | No |
|  | Are you eligible for or have you exhausted unemployment compensation since separating from employment? | | | | | | | Yes | | No |
|  | Are you **not** 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 | | No |
|  | Are you unlikely to return to your previous industry or occupation due to one or more of the following reasons (check all that apply)?  Lack required education or skills  Lack required experience  Disability  Unemployed for 27+ weeks  (Excluding temp work lasting 6 months or less) | | | | | | | Yes | | No |
|  | 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)?  Substantial layoff - 50+ employees  Permanent business closure  Substantial layoff - 25%+ of total employees | | | | | | | Yes | | No |
|  | Were you self-employed, but are unemployed as a result of general economic conditions in the community in which you reside? | | | | | | | Yes | | No |
|  | 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 | | No |
|  | Are you an individual who is employed, or was employed in the past 12 months, in farmwork of a seasonal or other temporary nature and is not required to be absent overnight from your permanent place of residence? | | | | | | | Yes | | No |
|  | Are you an individual who is employed, or was employed in the past 12 months, in farmwork of a seasonal or other temporary nature who travels to the job site so that you cannot reasonably return to your permanent residence within the same day? | | | | | | | Yes | | No |
|  | Are you an individual who has been employed for 12 consecutive months in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment? | | | | | | | Yes | | No |
|  | Do you lack a fixed, regular, and adequate nighttime residence or do you have a primary nighttime residence that is in a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings? | | | | | | | Yes | | No |
|  | Are you an individual who has been subject to any stage of the criminal justice process or requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction? | | | | | | | Yes | | No |
| Decline to Answer | | |
|  | Are you a single, separated, divorced, or widowed individual who has primary responsibility for one or more dependent children under age 18 (including a single pregnant woman)? | | | | | | | Yes | | No |
|  | Are you registered for the Selective Service or are you exempt from registering?  Note: those exempt from registering include – women, men who enter the United States after turning 26, men who are hospitalized or incarcerated until after turning 26, men on full time active duty until after turning 26, and transgender males. | | | | | | | Yes | | No |
|  | | **Dislocation Information** | | **Current Employment Information (If applicable)** | | | | | | |
| **Date** | | Separation Date: | | Start Date: | | | | | | |
| **Job Title** | |  | |  | | | | | | |
| **Business Name** | |  | |  | | | | | | |
| **Address** | |  | |  | | | | | | |
| **City, State, Zip** | |  | |  | | | | | | |
| **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.* | | | | | | | | | | |
| **SIGNATURE OF APPLICANT**  **X** | | | | | **DATE** | | | | | |
| **Staff Verification Statement:** | | | | | | | | | | |
| *I certify that the individual whose signature appears above provided the information recorded on this form.* | | | | | | | | | | |
| **SIGNATURE OF STAFF**  **X** | | | | | | **DATE** | | | | |