

# Dislocated Worker Certification Form

Name: \_\_\_\_\_

Last 4 of SS#: \_\_\_\_\_

Please check any of the below statements that apply to you:

- 1. Have you been terminated or laid off, or received notice that you are being terminated or laid off? This includes military members who are being discharged under honorable conditions.
- 2. A. Are you currently receiving, or have you used all of your unemployment benefits?  
**OR**  
B. Were you employed for at least 6 months, but were denied unemployment benefits because you did not earn enough to qualify?
- 3. A. Have you tried to find work similar to your past job and have been unable to do so? Do you have a job search record or list of employers you have applied to that documents this?  
**OR**  
B. Have you been searching for work in any field, but have been unable to find suitable employment for the past 8 weeks? Do you have a job search record or list of employers you have applied to that documents this?
- 4. Have you been terminated or laid off, or have you received a notice that you are going to be terminated or laid off, as a result of the permanent closing of your employer or a reduction in most of the staff at your employer?
- 5. Were you self-employed but are now unemployed as a result of the economy in the area, or because of a natural disaster?
- 6. Are you a displaced homemaker? This is someone who was providing free services to family members in the home and who was dependent on the income of another family member, but is no longer supported by that income; and is unemployed or underemployed and is having difficulty in finding or upgrading employment.
- 7. Are you the spouse of an active duty military member and had to leave your last job due to a permanent change of military station?

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

---

## Staff Use Only

The above individual has been certified as a dislocated worker as identified: (check all that apply)

\_\_\_\_ Category One (1, 2 & 3) or (7)

\_\_\_\_ Category Three (5)

\_\_\_\_ Category Two (4)

\_\_\_\_ Category Four (6)

### Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

Rev. 8/14