



QUEST ADULT WORKER APPLICATION ADDENDUM

Applicant Name			
Date of Birth		Today's Date	

Criteria #1 use form WIOA Dislocated Worker-Program Application Addendum – Oct. 2024

Criteria #2 COVID-19 pandemic impact:

- a. I have experienced a temporary or permanent full separation from employment due to the COVID-19 pandemic.
- b. I have experienced a temporary or permanent reduction in work hours from full-time (32+ hours per week) to part-time (fewer than 32 hours per week).
- c. I have left the workforce voluntarily or involuntarily, including retirees, due to familial or health-related concerns (including mental health/burnout) as a consequence of the COVID-19 pandemic.

Note: This may include, but is not limited to, individuals who separated from employment due to expanded health and safety regulations, such as mandatory masking and/or vaccination requirements, and/or individuals who were terminated from employment due to attendance issues resulting from the COVID-19 pandemic.

Criteria #3 Long-term Unemployed:

- a. I have NOT been employed in unsubsidized employment for 4 weeks or longer.
- b. I have NOT been employed for any length of time due to incarceration.
- c. I have NOT been employed for any length of time due to institutionalization.
- d. I have become justice-involved, and the nature of the justice-involvement has resulted in a separation from employment and/or precludes me from returning to my previous employment, occupation, and/or industry.
- e. I am a student engaged in secondary and/or postsecondary education or other training program(s) and am not engaged in full-time unsubsidized employment.
- f. I have no work history and am entering the workforce for the first time.
- g. I have received a full or partial Unemployment Insurance (UI) payment for 4 consecutive weeks.

Note: This includes, but is not limited to, individuals who are working part-time, but actively seeking full-time employment, and receiving partial UI payments.

Criteria #4 Self-employed:

- a. I am/was fully self-employed, but my business revenue is/was reduced and/or expenses are/were increased as a result of the COVID-19 pandemic.
- b. I am/was fully self-employed, but my income does not lead to economic self-sufficiency (ESS) based on a CEPT ESS calculation.
- c. My business has closed or reduced hours of operation as a result of the COVID-19 pandemic and/or resulting economic crisis, including the inability to obtain goods and materials due to supply chain limitations and/or the inability to maintain adequate staffing.
- d. I was solely self-employed prior to the COVID-19 pandemic, but have since obtained secondary employment to supplement my income as a result of the COVID-19 pandemic.
- e. I qualified for Pandemic Unemployment Assistance (PUA) and/or Mixed Earners Unemployment Compensation (MEUC) based on my self-employment.
- f. My business received Paycheck Protection Program (PPP) loan assistance or other pandemic-related business subsidies.
- g. My business was negatively impacted by the termination of contracts due to the COVID-19 pandemic.
- h. I became self-employed providing pandemic-related goods and/or services, and my business has since been closed or reduced its hours of operation.



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I certify that the information provided on this form is true and accurate to the best of my knowledge and belief. I understand that providing false or incomplete information during the application process could lead to termination from the program and/or penalties as specified by law. By signing below, I attest to the accuracy of this completed form.

Applicant Signature	Date Signed

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