



WIOA DISLOCATED WORKER APPLICATION ADDENDUM

Applicant Name			
Date of Birth		Today's Date	
Dislocation Employer			
Dislocation Date (Last Date of Work)		Specific Recall Date (if applicable)	

Category 1 – Individual or Small Group Layoff	
Please check all of the below that apply to you.	
<input type="checkbox"/>	I have been terminated or laid off or have received a notice of termination or layoff.
<input type="checkbox"/>	I am unlikely to return to my previous industry or occupation. (Please complete Section X)
<input type="checkbox"/>	I am eligible for or have exhausted unemployment payments stemming from the dislocation used for program eligibility.
<input type="checkbox"/>	I am not eligible for unemployment payments because my earnings were not sufficient to qualify or the job I was laid off from was not covered under State unemployment law, but I did work at the dislocation employer for at least one day.

Category 2 – Permanent Closure or Mass Layoff	
Please check all of the below that apply to you.	
<input type="checkbox"/>	I have been terminated or laid off or have received a notice of termination or layoff because of a permanent closure of any size or a layoff of 25 or more workers from a physical employment site or from a virtual enterprise.
<input type="checkbox"/>	I work at a physical employment site or for a virtual enterprise where the employer has made a general announcement that the employment site will permanently close or the virtual enterprise will end all operations <u>within 180 days</u>
<input type="checkbox"/>	I work at a physical employment site or for a virtual enterprise where the employer has made a general announcement that the employment site will permanently close or the virtual enterprise will end all operations, either <u>in more than 180 days or with no date given</u> . Note: In this case, you may receive only basic career services until you receive a specific date of termination from the employer or until the closure is scheduled to occur within 180 days.

Category 3 – Separating or Separated Members of the U.S. Armed Forces	
Please check all of the below that apply to you.	
<input type="checkbox"/>	I am separating from or have separated from the U.S. Armed Forces (includes Army, Air Force, Navy, Marine Corps, and Coast Guard and their reserves) with a discharge that is anything other than dishonorable.
<input type="checkbox"/>	I have received a DD-214 or other documentation (e.g. separation orders) showing separation or imminent separation.

Category 4 – Self-employed	
Please check all of the below that apply to you.	
<input type="checkbox"/>	I was self-employed (includes employment as a farmer, rancher, fisher, or independent contractor or consultant) but have become unemployed because of general economic conditions or because of a natural disaster. Note: The following indicators meet the state's definition of general economic conditions for purposes of the WIOA Dislocated Worker Program: the decline or failure of one or more businesses integral to the individual's business (e.g., customers or suppliers); large-scale layoff(s) or closure(s) at businesses that support a significant portion of the state or local economy; lack of demand for the individual's products or services as demonstrated by labor market information; a substantial change in the marketplace that eliminates the need for the individual's product or service (e.g., internalization of a process previously done by an external contractor; automation of a process that eliminates the need for contract labor; change in legislation or policy which eliminates a required service or product); depressed price(s) or market(s) for the individual's products or services; generally high levels of unemployment in the local area.



WIOA DISLOCATED WORKER APPLICATION ADDENDUM

Category 5 – Displaced Homemaker	
This category is assessed through your answer on the DOL-Funded Program Application.	
	See DOL-Funded Program Application.
Category 6 –Military Spouse	
Please check all of the below that apply to you.	
	<input type="checkbox"/> I am the spouse of a member of the U.S. Armed Forces on active duty.
	<input type="checkbox"/> I have lost employment as the direct result of relocation to accommodate a permanent change in the service member's duty station.
	<input type="checkbox"/> I am unemployed or underemployed and having trouble either obtaining or upgrading employment.
Wisconsin Definition of “Unlikely to Return to a Previous Industry or Occupation”	
Please check all of the below that apply to you.	
	<input type="checkbox"/> I am likely to enter a new job that is different structurally or organizationally than his/her previous job.
	<input type="checkbox"/> I am likely to enter a new job with lower seniority compared to his/her previous position.
	<input type="checkbox"/> I have a gap in employment that decreases his/her chances of returning to the same level of occupation or type of job.
	<input type="checkbox"/> There are limited employment opportunities in the occupation or industry within the local area.
	<input type="checkbox"/> There is an excess number of workers with similar skill sets and experience in the local area.
	<input type="checkbox"/> I have out-of-date or inadequate skills.
	<input type="checkbox"/> I have adequate skills, but lacks a credential required by most employers.
	<input type="checkbox"/> I have a barrier to employment such that could prevent a return to employment in the same industry or occupation.
	<input type="checkbox"/> An unsuccessful job search suggests I am unlikely to regain employment in my previous occupation or industry.
Please explain any of the above criteria that have been checked. <i>If barrier is due to a disability, do NOT disclose condition here. Only indicate the limitation that you have. For example, “I am unable to lift more than 10 pounds”.</i>	

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

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, please contact Carrie Hersh, Equal Opportunity Officer, at 414-270-1726 or Carrie.Hersh@EmployMilwaukee.org. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

IMPORTANT! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (414)-270-1726** for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (414)-270-1726** para pedir asistencia en traducir y entender la información en este documento.

TSEEM CEEB! Daim ntawv no muaj ib **cov lus tseem ceeb** qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. **Hu rau (414)-270-1726** yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.