



Application Addendum - WIOA Title I Dislocated Worker

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.
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Category 5 – Displaced Homemaker	
This category is assessed through your answer on the DOL-Funded Program Application.	
<input type="checkbox"/>	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

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