LOS ANGELES COUNTY
WORKFORCE INNOVATION & OPPORTUNITY ACT
APPLICANT ACKNOWLEDGEMENT STATEMENTS

By my signature (Applicant), I state that all information I have given on the Workforce Innovation and Opportunity Act (WIOA) Application is, to the best of my knowledge, true and complete.

USE OF SOCIAL SECURITY ACCOUNT NUMBER

I understand that the number will be used by County of Los Angeles AJCCs, AJCC staff and its agents, the U.S. Department of Labor and its grantees or contractors for payroll and management information tracking purposes, as well as to assist in determining and confirming my eligibility for WIOA funded services.

APPLICATION INFORMATION CONFIDENTIAL & SUBJECT TO REVIEW

I am aware that the information being collected on this form will be stored in a secured computer system and that all information is confidential. I allow the use and release of the information I have provided to those agencies serving me and I am aware that the information is subject to review and verification. I am aware that I may have to provide documents to support this application or sign form(s) which will allow other agencies to provide this information to the County of Los Angeles.

PROTECTION AGAINST FRAUD

I further understand that either falsification of the information provided by me on the WIOA Application or a finding during the Verification and Certification Process of my eligibility for WIOA funded services shall be grounds for my termination from any program in which I may participate, and that I may be subject to actions for the collection of any monies received by me or prosecution under the law.

APPLICANT RIGHT TO REVIEW FILE

I further understand that, upon my written request, all information provided by me or collected by the County of Los Angeles or its agents or contractors through the next five years pertaining to my application or eligibility for, or participation in, WIOA funded programs sponsored by the County of Los Angeles will be made available to me for review.

NEPOTISM PROVISION

I have been informed that I cannot be hired in, or accept, a public service employment position, funded by WIOA, if a member of my immediate family is engaged in an administrative capacity for a County of Los Angeles WIOA funded program.

CIVIL RIGHTS AND COMPLAINTS SUMMARY FORM

1. I hereby acknowledge receipt of a civil rights and complaints summary form.

_____	_____	_____
Participant Name (Print)	**Participant Signature**	**Date**

2. Do you have any immediate relatives employed by the County of Los Angeles, a WIOA contractor, or other governmental agency?

If your response is "YES", complete Box #1. If "NO", complete Box #2

BOX #1: GOVERNMENTAL CONTRACT EMPLOYEE EMERGENCY CONTACT INFORMATION	**Box #2:** EMERGENCY CONTACT INFORMATION
Name:_____ Relationship:_____ Street:_____ City: _____ Zip:_____ Phone:_____	Name:_____ Street:_____ City: _____ Zip:_____ Phone:_____