



**LA COUNTY HUMANITARIAN JOBS NATIONAL DISLOCATED WORKER GRANT (NDWG)  
DISLOCATED WORKER SELF-ATTESTATION FORM**



**IDENTIFYING INFORMATION**

Applicant's Name	CalJOBS User ID#
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**EMPLOYMENT INFORMATION**

Employer Name	Employer Address
Employer Contact	Employer Phone
Job Title	Layoff/Furlough Date

**FURLOUGHED**

Individual is furloughed due to COVID-19, not working any hours or receiving any pay  Yes  No  NA

**UNEMPLOYMENT INSURANCE STATUS**

I Applied for Unemployment Insurance  Online  Phone Date Applied: \_\_\_\_\_

UI Eligible  Not UI Eligible

I Did Not Apply for Unemployment Insurance:  Claim Exhausted  Not Interested  Other Reason \_\_\_\_\_

**DISLOCATION EVENT COVID-19 RELATED**

Is this dislocation event a result of COVID-19  Yes  No

**DISLOCATED WORKER CATEGORY**

<input type="checkbox"/> DW Category 1–Terminated/Laid Off/Furloughed <i>(UI Receiving, Eligible, or Exhausted)</i>	<input type="checkbox"/> DW Category 5–Self-Employed
<input type="checkbox"/> DW Category 2–Terminated/Laid Off/Furloughed <i>(Not UI Eligible)</i>	<input type="checkbox"/> DW Category 6–Displaced Homemaker
<input type="checkbox"/> DW Category 3–Plant Closure/Substantial Layoff <i>(1/3 of Dept. or Company)</i>	<input type="checkbox"/> DW Category 7–Armed Forces Spouse <i>(Dislocated due to Relocation)</i>
<input type="checkbox"/> DW Category 4–General Announcement of Plant Closure	<input type="checkbox"/> DW Category 8- Armed Forces Spouse <i>(Underemployed or Unemployed)</i>

**ADDITIONAL VERIFICATION FOR CATEGORY 1 AND 2 ONLY (“Unlikely to Return”)**

Individual is unlikely to return to previous industry or occupation  Yes  No  
*(Note, all Covid-19 connected layoffs are considered unlikely to return to a previous industry or occupation)*

**APPLICANT CERTIFICATION**

***I hereby certify under penalty of perjury that the information on this form is true and accurate and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate program termination and/or penalties as specified by law.***

_____	_____
Applicant Signature	Date

**AJCC STAFF CERTIFICATION**

***I certify that the individual whose signature appears above provided the information recorded on this form.***

_____	_____	_____
Print Staff Name	Staff Signature	Date