

STATE OF ALASKA
Department of Labor and Workforce Development
WIA, Dislocated Worker Registration

APPLICANT LAST NAME	FIRST NAME	MI	SOCIAL SECURITY #
MAILING ADDRESS		CONTACT NAME	
CITY, STATE AND ZIP CODE		CONTACT ADDRESS: CITY, STATE AND ZIP CODE	
HOME TELEPHONE ()	EMAIL ADDRESS	RELATIONSHIP	Telephone ()
BIRTHDATE (1) (MM/DD/YY)		Rapid Response activity before registration? Yes No	
<p><u>Ethnicity Hispanic/Latino (2)</u></p> <p>_____ Yes _____ No</p> <p><u>Race (3)</u></p> <p>Select one or more</p> <p>_____ White _____ Asian _____ Black / African American _____ American Indian _____ Alaska Native _____ Hawaiian Native or Other</p> <p><u>Gender (4)</u></p> <p>_____ Male _____ Female</p> <p><u>Citizen Status (5)</u></p> <p>Select only one</p> <p>_____ United States Citizen _____ Permanent Resident Alien _____ Refugee/Parolee _____ Temporary Work Permit _____ Other</p> <p><u>Highest Grade Completed (7)</u></p> <p>Grade: _____</p>	<p><u>Family Status (12)</u></p> <p>You are a member of a family with one or more dependent children under age 18.</p> <p>_____ Parent in 1 parent family _____ Parent in 2 parent family _____ Other family member _____ Not a family member</p> <p><u>Selective Service (13)</u></p> <p>Federal Law requires that all males, 18 or older, born after 12/31/59 register for selective service. Have you registered?</p> <p>_____ Yes _____ No _____ Exempt, including females</p> <p><u>Veterans Status (14)</u></p> <p>Indicate your veteran status.</p> <p>A Veteran</p> <p>_____ Yes, more than 180 days _____ No _____ Yes, less than 180 days</p> <p>Campaign Veteran (15)</p> <p>_____ Yes, Vietnam-era veteran _____ No _____ Yes, other campaign</p> <p>Disabled Veteran (16)</p> <p>_____ Yes _____ No _____ Yes, special disability</p> <p>Recently Separated Veteran (17)</p> <p>Within the last 4 years</p> <p>_____ Yes _____ No</p>	<p><u>Individual with a Disability (18)</u></p> <p>Select only one</p> <p>_____ Yes, and disability results in a substantial barrier to employment _____ No _____ Yes, not a barrier</p> <p><u>English Language Proficiency (20)</u></p> <p>Speaking, reading, writing or understanding English is difficult for me AND my native language is not English or English is not dominant in my community.</p> <p>_____ Yes _____ No</p> <p><u>Unemployment Insurance (29)</u></p> <p>_____ I currently receive, or am eligible to receive Unemployment Insurance _____ I am not eligible for Unemployment Insurance _____ I exhausted my Unemployment Insurance Claim</p> <p><u>Labor Force Status (31)</u></p> <p>_____ I am employed _____ I am not employed _____ I am underemployed</p>	

JOB OF LAYOFF OR TERMINATION:

Hourly Wage (32): \$ _____ Hours Per Week (33): _____ Employment Start Date: ___/___/___

Job Title (34): _____ Employer Name (37): _____

If self-employment write the specific industry type: _____

Type of Employment: Permanent _____ Temporary _____ Seasonal _____

Job Duties:

Layoff Status (40):

- Layoff/Termination has occurred
 No Dislocation Job (Displaced Homemaker)
 Layoff/Termination pending

Indicate the last day of employment at the dislocation job. If there is no dislocation job (e.g., self-employed or displaced homemakers, leave blank) (41): ___/___/___

Pell Grant Recipient (44)

- Yes, I have a Pell Grant
 No, I did not apply yet
 No, I applied but was denied
 I have a pending Pell Grant application
 I am not eligible for a Pell Grant

CURRENT OR LAST JOB (If different from job of dislocation above):

Job Title: _____ Employer: _____

Hourly Wage: \$ _____ Hours Per Week: _____ Dates From ___/___/___ to ___/___/___

Type of Employment: Permanent _____ Temporary _____ Seasonal _____

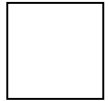
Reason For Leaving: _____

Job Duties:

The Worker Profiling and Reemployment Service (WPRS) program referred to WIA (39). Yes
 No

Indicate whether you are participating in or receiving services with any other program Yes No
If yes, please indicate where:

DISLOCATED WORKER PROGRAM ELIGIBILITY



From the numbers listed below, please indicate which item best describes your **eligibility** (42):

TERMINATED FROM EMPLOYMENT:

- 1.** You've been terminated, or you have been laid off, or have received a notice of termination or layoff, from employment
AND
 - you are eligible for unemployment insurance or have exhausted unemployment insurance benefits, **OR**
 - you can demonstrate to workforce investment staff that you have an attachment to the workforce, but are not eligible for unemployment insurance benefits because your earnings were not high enough or your job was not covered by an unemployment insurance law,
AND
- You are unlikely to return to a job in your previous industry or occupation within commuting area of your residence.

TERMINATED DUE TO PLANT CLOSURE (any one below):

- 2.** You've been terminated, or you have been laid off or you have received a notice of termination or layoff from your job as a result of any permanent closure of, or substantial layoff (50 or more individuals laid off) at a plant, facility or enterprise.
- 3.** Your employer announced that the facility where you work would close within 180 days.
- 4.** Your employer has made a general announcement that the facility where you work will close (for receipt of core services only).

SELF-EMPLOYED/GENERAL ECONOMIC CONDITION:

- 5.** You were self-employed (including farmers, ranchers and fisherman) and are unemployed as a result of general economic conditions in the community where you live or because of natural disasters.

DISPLACED HOMEMAKER (20):

- 6.** You have been providing unpaid services to family members in the home,
AND
are dependent on the income of another family member but are no longer supported by that income,
AND
are unemployed or underemployed (working below your skill level or working fewer hours than desired) and experiencing difficulty in obtaining or upgrading employment.

_____ I certify that I have received a copy of the WIA Grievance Procedure.

PURPOSE: This form collects information required by the Workforce Investment Act to ensure fair administration and compliance with the Act. (AUTHORITY: Public Law 105-220 sections 136, 185 and 188 August 7, 1998, Workforce Investment Act (WIA) of 1998).

USES: Registration information is routinely reported to the Federal Department of Labor (the source of the funds) and may be shared with One Stop partner agencies or grantees or to a Member of Congress or staff in response to your request for assistance when needed to further the implementation and operation of this program.

DISCLOSURE OF INFORMATION: DISCLOSURE OF INFORMATION: Furnishing your social security number is voluntary. If you provide this information the Department of Labor and Workforce Development will not release it to other parties without written consent. Should you choose not to provide this information it will preclude your registration and limit Workforce Investment Act services you receive.

Applicant Signature: _____ Date: ____/____/____

Reviewer Signature: _____ Date: ____/____/____

Registration Date: (50) ____/____/____

MIS USE ONLY: Date received: ____/____/____ Date Input: ____/____/____ Input by: _____

03/02/04