



Dislocated Worker Questionnaire Form

Student Name (Please Print) _____ Social Security #: _____

Parent Name (Please Print) _____ Social Security #: _____

In general, a person is considered a **dislocated worker*** if they meet one of the following conditions. Please check all applicable conditions **AND** attach any appropriate documentation.

For School Use Only:

I lost my job at (Please List Employer's Name) _____ on
(Please List your last day of employment) _____.

I have been laid off or received a lay-off notice from their job. I have attached a copy of the notice to this form

I am receiving unemployment benefits due to being laid off or losing a job and am unlikely to return to a previous occupation. I was previously employed as a _____ from _____ to _____

I am self-employed but are unemployed due to economic conditions or natural disaster. Please explain _____

The undersigned certifies that the information provided above is accurate.

Print Student Name _____ Signature _____ Date _____

Print Parent/Guardian Completing Form _____ Signature _____ Date _____

(Area Code) Phone number _____ Street Address _____ City _____ State _____ Zip _____

School Use Only

Approved

Requested additional information: _____

Print School Contact _____ Title _____ Signature (required) _____ Date _____