



Self-Attestation



Name: _____ APPID: _____

List All Employers & Dates of Employment for the Previous 7 Months: _____

COMPLETE ALL THAT APPLY:

Affected by Disaster

I hereby certify that I have temporarily or permanently lost employment due to the disaster on

_____. I was employed at _____.

Lost Documentation/Identification

I do not have the required documentation due to the disaster and I understand that I must provide This documentation within 30 days to be eligible to participate in the DRJP.

List all missing documentation

Long-Term Unemployed

I certify that I have been unemployed for fifteen (15) or more of the last twenty-six (26) weeks and have been looking for work the whole time.

Signature of Potential DRJP Participant _____ Date _____

Missouri Division of Workforce Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri TTY Users can call (800) 735-2966 or dial 7-1-1.

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