



Missouri Department of Higher Education and Workforce Development
Office of Workforce Development
SELF-ATTESTATION FORM

Participant _____ State ID# _____

COMPLETE ALL THAT APPLY:

Temporarily or permanently laid off as a consequence of the disaster.

Self-Employment (Unemployed or Underemployed)

Name of my business is _____ and is located in, or provides services in,
_____ County, which has been impacted by the _____ disaster.

Long-Term Unemployed

I certify that I have been unemployed for twelve (12) or more of the last twenty-six (26) weeks and have made efforts to find a job; OR I have no work history and have made efforts to find a job.

List all employment history, including dates, for the last 7 months

Long-Term Underemployed

I certify that I have been underemployed for twelve (12) or more of the last twenty-six (26) weeks and have made efforts to find a job. And the category that best describes my current situation is: (must mark one)

- Employed less than full-time who is seeking full-time employment
- Employed in a position that is inadequate with respect to my skills/training
- Employed but meets the definition of a WIOA low-income individual
- Employed but current job earnings are not sufficient compared to previous earnings from previous employment

Signature of Potential Grant Participant

Date

For additional information about Missouri Office of Workforce Development services, contact a Missouri Job Center near you. Locations and additional information are available at jobs.mo.gov or 1-888-728-JOBS (5627).

The Missouri Department of Higher Education and Workforce Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri Relay services at 711.