

DREP Jobs Interest



LAST NAME, FIRST NAME, MIDDLE INITIAL			
MSFW	UNEMPLOYED	WORK AUTHORIZATION	SELECTIVE SERVICE
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> U.S. CITIZEN OR NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN OR REFUGEE	<input type="checkbox"/> REGISTERED <input type="checkbox"/> NOT REGISTERED <input type="checkbox"/> NOT APPLICABLE
ADDRESS			APARTMENT NUMBER
CITY		STATE	ZIP CODE COUNTY
TELEPHONE NUMBER	EXTENSION	ALTERNATE TELEPHONE	EXTENSION
REASON FOR DISLOCATION/JOB LOSS (CHECK ALL THAT APPLY)			
<input type="checkbox"/> DISASTER IMPACTED JOB LOSS, LIST NAME OF EMPLOYER _____			
<input type="checkbox"/> TEMPORARY OR PERMANENT LAY OFF <input type="checkbox"/> TERMINATED/UNEMPLOYED <input type="checkbox"/> UNEMPLOYED, PREVIOUSLY SELF-EMPLOYED			
<input type="checkbox"/> OTHER (SPECIFY) _____			
CHECK JOB(S) OF INTEREST			
<input type="checkbox"/> HUMANITARIAN AID <input type="checkbox"/> SOCIAL SERVICES AID <input type="checkbox"/> OTHER (SPECIFY) _____			
<input type="checkbox"/> DRIVER <input type="checkbox"/> DEBRIS CLEAN-UP _____			
<input type="checkbox"/> OFFICE WORKER <input type="checkbox"/> CONSTRUCTION _____			
RELEVANT WORK EXPERIENCE			

ATTESTATION			
I hereby certify, to the best of my knowledge, the above information is true. I agree and understand any willful misstatement of facts may cause forfeiture of my status in the DREP and could be cause for legal action. I understand the information is subject to verification and agree to provide such documentation as required within 45 days.			
SIGNATURE			DATE
COMMENTS			

For additional information about Iowa Workforce Development services, contact an IowaWORKS Job Center near you. Locations and additional information are available at www.iowaworkforcedevelopment.gov or 866-239-0843.

Iowa Workforce Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. For deaf and hard of hearing, use Relay 711.