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**Rivers East**  
WORKFORCE DEVELOPMENT BOARD

## Dislocated Worker Unlikely to Return to Previous Occupation or Industry

For the purposes of WIOA Dislocated Worker Program eligibility, previous industry/occupation related directly to the job of dislocated, not the most recent job if it is considered stop-gap employment. The Career Advisor will determine “unlikely to return” status, which is whether the person can reasonably return to the same industry or the same occupation. This form must be used for all DW eligibility categories that require unlikely to return to previous occupation or industry verification.

Applicant Name: \_\_\_\_\_ State ID: \_\_\_\_\_

Dislocation Job Title: \_\_\_\_\_

Dislocation Industry/Occupation: \_\_\_\_\_

- Worked in a declining industry or occupation, as documented on state or locally-developed lists of such industries or occupations. Lists may also be developed by an appropriate entity, such as a Chamber of Commerce, the local board, an economic development agency, a qualified consultant or educational entity, or other valid public use quality source of labor market information.
- Has lack of job offers as documented by work search documentation, rejection letters from employers in the area, or other documentation of unsuccessful efforts to obtain employment in the prior industry or occupation.  
**\*Must attach documentation\***
- Worked in an industry or occupation for which there are limited job openings
- Is insufficiently educated and/or does not have the necessary skills for re-entry into the former industry or occupation, as documented through the assessment of the individual’s educational achievement, testing, or other suitable means.
  - Education/Skills Needed: \_\_\_\_\_
- Has physical or other problems which would preclude re-entry into the former industry or occupation, as documented by a physician or other professional (psychiatrist, psychiatric social worker, chiropractor, etc.)  
**\*Must attach documentation\***
- Family, personal, or financial circumstances affect the likelihood of returning to previous occupation or industry for employment. **\*Must attach documentation/participant self-attestation\***

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_