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RiversEast
WORKFORCE DEVELOPMENT BOARD

Long Term Unemployed Self Attestation

Applicant Name: _____ State ID: _____

Name of Most Recent Employer: _____

Employer Address: _____

Dates of Employment: _____ to _____
Start Date End Date

I attest that my last employer is listed above and that I have not worked consecutively for the past 13 weeks.

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____