

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
TELEPHONE NUMBER		EXTENSION	ALTERNATE TELEPHONE
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			