

**APPLICANT’S RIGHTS (EQUAL OPPORTUNITY IS THE LAW),
CERTIFICATION AND RELEASE OF INFORMATION**

Applicant’s Rights

Equal Opportunity is the Law

Applicable Program _____

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex, (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English Proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of the individual’s citizenship status or participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communication with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

If you think that you have been subjected to discrimination under a WIOA Title-I financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: The recipient’s Equal Opportunity Officers [Donna Romo – State EO Officer, Mary Beth Hartleb – Workforce Connections, Southern Nevada WIB EO Officer, or Milt Stewart – Nevadaworks, Northern Nevada WIB EO Officer] or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

I have read and understand my rights under federal law, and know that I have the right to file a complaint.

Applicant’s Signature

Date

Witness’s Signature

Date

- DETR is an Equal Opportunity Employer/Program
- Auxiliary aids and services available upon request for individuals with disabilities
- Donna Romo, State EO Officer 702-486-6511 and 800-326-6868 (TTY, Nevada Relay 711)
- Mary Beth Hartleb, Workforce Connections, Southern WIB EO Officer 702-638-8750 and 800-326-6868 (TTY, Nevada Relay 711)
- Milt Stewart, Nevadaworks, Northern Nevada WIB EO Officer 775-284-1332 and 800-326-6868 (TTY, Nevada Relay 711)

Certification and Release of Information

I understand that the information I have provided will be used to determine program eligibility. I certify that the information provided is true to the best of my knowledge. I allow release of this information for verification purposes.

I have been advised that I may have to provide documents to support this application and could be subject to prosecution for fraud and/or perjury if I intentionally supply inaccurate or misleading information, and that my participation in this program may be terminated immediately if I am found ineligible after enrollment.

I acknowledge I have received and understand the Grievance Policy as provided by the program staff.

Applicant Signature / Date

Youth – Parent, Guardian or Responsible Adult Signature / Date

Program Staff / Witness's Signature / Date