



Disaster-Relief Participant Employment Application

Service Provider Information

WIOA Service Provider Name:

WIOA Case Manager:

Address:

City:

State:

Zip:

Participant Information

Last Name:

First Name:

Address:

City:

State:

Zip:

Birth Date:

Phone Number:

Email Address:

Emergency Contact Name and Phone Number:

Disaster-Relief DWG Eligibility (must check one):

Temporarily or permanently laid off as a consequence of the COVID-19 disaster

A dislocated worker as defined at 29 U.S.C. 3102(3)(15)

A long-term unemployed worker

A self-employed individual who became unemployed or significantly underemployed as a result of the COVID-19 disaster

Position Type:

- Sanitization of Public Spaces
- Contact Tracing
- Food Delivery and Preparation
- Health Screening in Public Areas
- Mental Health and Phone Bank Operators
- Other

Primary Duties:

Assigned Worksite:

Start Date:

Estimated Completion Date:

(maximum duration allowed is 2,080 hours or 12 months, whichever happens first)

Pay Rate:

(must be consistent with the wage of entity's other employees permanent or temporary performing the same duties or similar work.)

Supplies Needed to Perform Job Duties:

(Assistance can be provided with items such as personal protective equipment (PPE) or other supplies necessary to perform disaster-relief employment. The actual food or clothing intended to alleviate suffering as a result of COVID-19 is not allowable.)

Participant Signature

Date

WIOA Case Manager Signature

Date

Disaster-Relief Authorizing Signature

Date

Nevadaworks Signature

Date