



### 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