

Signature Page
FOR HURRICANE ISAAC NEG PURPOSES ONLY

1. I hereby certify, to the best of my knowledge, the information provided on my Participant Profile, Supplemental Information Form and WIA Enrollment Forms is true. I agree and understand any willful misstatement of facts may cause forfeiture of my status in the Workforce Investment Act program and could be cause for legal action. I understand the information is subject to verification and agree to provide such documentation as required. I understand my social security number may be given to other federal, state, and local or non-government agencies.

2. I authorize:

- A) Mississippi Department of Employment Security (MDES)
- B) Mississippi Department of Human Services
- C) The Selective Service
- D) The Social Security Administration
- E) Former/Current and Future Employers
- F) Other _____

As appropriate, to release to MDES information necessary for verifying that appropriate applicant intake responses on which program eligibility/ineligibility was based. I understand this information may subsequently be released to the grant recipient, to Workforce Investment Areas and/or worksites for eligibility purposes.

I agree to advise the referenced sub recipient of any address or phone number changes during the time I'm in the program.

I understand that someone representing the MDES may call me after I terminate. I agree to provide them with information about my employment status and earnings.

3. I have been provided with a copy of the State's Complaint/Grievance Procedure for discrimination complaints.

4. Self-Attestation if necessary:

Participant Signature

Date

MDES Staff

Date