

## VERIFICATION OF “UNLIKELY TO RETURN TO PREVIOUS INDUSTRY OR OCCUPATION”

Applicant’s Name: \_\_\_\_\_

Previous Industry or Occupation: \_\_\_\_\_

“Unlikely to return to previous industry or occupation,” may be defined in terms of personal, family, or financial circumstances that may affect the likelihood of an individual returning to his/her previous industry or occupation for employment. This determination does not need to be based solely on economic conditions and job availability<sup>1</sup>. **Note:** Seasonal workers may also be considered “unlikely to return” to work in a previous industry or occupation (as well as workers that have been laid off on a temporary basis), provided the individual has not been given a specific date to return to work.

If at least one of the following is true, an individual may be considered “unlikely to return to previous industry or occupation” (check at least one):

	The applicant worked in a declining industry or occupation, as documented on a State or NoRTEC developed data list. (California State Labor Market data lists are available from EDD’s Labor Market Division’s website. A copy of list utilized must be attached.)
	There are limited job orders from the CalJOBS or Indeed websites at the time of application. “Limited job orders” are defined as three or less. (The system used and the number of job orders found must be noted in the <i>Staff Comments</i> section on the back of this form.)
	The applicant is insufficiently educated or does not have the necessary skills for reentry into his/her former occupation (explanation required in the <i>Staff Comments</i> section on the back of this form).
	The applicant has applied for at least five (5) jobs in the previous industry/occupation within the six months prior to application (fill out “Employer Contacts” on the back of this form).
	The applicant is not likely to return to the previous industry/occupation due to a change in family circumstances that require higher income and/or an occupational change. (The reason must be noted in the <i>Staff Comments</i> section on the back of this page, and must explain the financial hardship or circumstance—examples include inability to meet monthly financial obligations, loss of childcare provider, death or divorce of a spouse, etc.)
	Mechanization of previous job, significant variance to normal seasonal employment patterns, including loss of wages due to natural disaster. (Provide information in <i>Staff Comments</i> section on the back of this form.)
	An applicant that is an Unemployment Insurance Claimant that has been profiled as “likely to exhaust benefits” is considered to be “unlikely to return.” (Include UI documentation verifying applicant has been profiled as such.)
	Veterans with a discharge that is anything other than dishonorable, is automatically considered “unlikely to return.” (A copy of the DD-214 or other documentation showing a separation or imminent separation from the Armed Services must be attached.)
	Other – See page 3.

<sup>1</sup> Employment Development Department Directive, WSD14-4, page 21 of WIA Eligibility Technical Assistance Guide.

**Employer Contacts for Previous Industry/Occupation (minimum of five):**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Month/Year Applied: \_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Month/Year Applied: \_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Month/Year Applied: \_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Month/Year Applied: \_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Month/Year Applied: \_\_\_\_/\_\_\_\_

<b>Staff Comments:</b>
<b>Staff Signature:</b>

**VERIFICATION OF “UNLIKELY TO RETURN TO PREVIOUS INDUSTRY OR OCCUPATION”**

This form shall be utilized when “Other” is chosen on the previous form. If utilized, this page shall be maintained in a file separate from the active participant file.

Other is defined as the applicant is unable to return to the previous industry/occupation because an injury, disability, or other physical limitations. This designation shall be accompanied by documentation from a physician or other relevant professional such as a psychiatrist, social worker, chiropractor, etc.)

Provide details on why the applicant is unlikely to return to his/her previous industry/occupation and attach relevant documentation to this form.

---

---

---

---

---

---

---

---

---

Staff Signature

---

Date