

CORONAVIRUS SELF-ATTESTATION FORM

IDENTIFYING INFORMATION	
Applicant's Name	
Address	SSN Last 4 Digits
I hereby certify under penalty of perjury that the following information is true:	
Check all that apply:	
<input type="checkbox"/> I was laid off due to the coronavirus pandemic <input type="checkbox"/> I was employed at a facility at which the employer made general announcement that the facility will close <input type="checkbox"/> My hours were reduced from _____ hours to _____Hours due to the Coronavirus quarantine <input type="checkbox"/> I was subject to a quarantine required by a medical professional or state or local health officer <input type="checkbox"/> I am a parent who has to stay home for care for a child due to a school closure <input type="checkbox"/> I am totally unemployed	<input type="checkbox"/> I am partially unemployed <input type="checkbox"/> I was furloughed or unemployed through no fault of my own <input type="checkbox"/> I am physically able to work <input type="checkbox"/> I am available for work <input type="checkbox"/> I am ready and willing to accept work immediately <input type="checkbox"/> I am actively looking for work
<input type="checkbox"/> My work separation from employer was during the coronavirus quarantine Employer Name	Employer Address
Employer Contact	Employer Phone
Job Title	Layoff Date
<input type="checkbox"/> I applied for Unemployment Insurance	
<input type="checkbox"/> EDD Office Office Location: <input type="checkbox"/> Online	Date Applied

Attached is my Employment History for the last 18 Months

I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

Applicant Signature	Date
Applicant Address	
Parent of Guardian Signature (as needed)	
Certification	
I certify that the individual whose signature appears above provided the information recorded on this form.	
Staff Signature/Date _____	